

11 August 2007

Chemist+Druggist

The newsweekly for pharmacy
www.dotpharmacy.com



RPSGB consults over fees hike

Government puts branded drug pricing under spotlight

- 10 top tips for making your MURs successful
- NPA chairman: read our exclusive interview



BLOCKBUSTER TV COMMERCIAL BELIEVE



ibuprofen

With a powerful campaign and heavyweight TV support, pain sufferers are singing the power of Ibuleve! Stock up now.

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7OR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. Also for pain relief in non-senous arthritic conditions. **Legal category:** [P] Further information is available from DDD Ltd, at the address above.

NEW

Optrex™

INFECTED EYES
Eye Drops
Chloramphenicol

Treatment Of Acute
Bacterial Conjunctivitis

Optrex™

INFECTED EYES
Eye Drops
Chloramphenicol

Available with an award winning support package for pharmacy - eyecare sales will now be twice as effective.

- Full Training Package
- NPA and CPP Accredited
- In-store Display Materials Available

Nothing is more effective at treating Acute Bacterial Conjunctivitis



Place your orders now

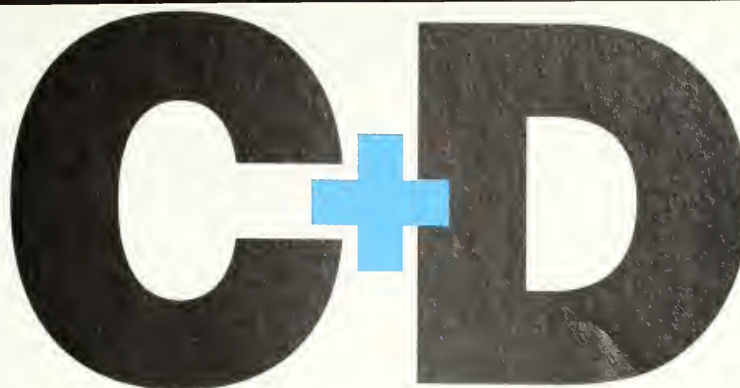
PIP CODE DROPS: 315-2709 PIP CODE OINTMENT: 325-2970

| Optrex Code | | Optrex Code |
|-------------|-------|-------------|
| 1 | 1.0 | 1.0 |
| 2 | 2.0 | 2.0 |
| 3 | 3.0 | 3.0 |
| 4 | 4.0 | 4.0 |
| 5 | 5.0 | 5.0 |
| 6 | 6.0 | 6.0 |
| 7 | 7.0 | 7.0 |
| 8 | 8.0 | 8.0 |
| 9 | 9.0 | 9.0 |
| 10 | 10.0 | 10.0 |
| 11 | 11.0 | 11.0 |
| 12 | 12.0 | 12.0 |
| 13 | 13.0 | 13.0 |
| 14 | 14.0 | 14.0 |
| 15 | 15.0 | 15.0 |
| 16 | 16.0 | 16.0 |
| 17 | 17.0 | 17.0 |
| 18 | 18.0 | 18.0 |
| 19 | 19.0 | 19.0 |
| 20 | 20.0 | 20.0 |
| 21 | 21.0 | 21.0 |
| 22 | 22.0 | 22.0 |
| 23 | 23.0 | 23.0 |
| 24 | 24.0 | 24.0 |
| 25 | 25.0 | 25.0 |
| 26 | 26.0 | 26.0 |
| 27 | 27.0 | 27.0 |
| 28 | 28.0 | 28.0 |
| 29 | 29.0 | 29.0 |
| 30 | 30.0 | 30.0 |
| 31 | 31.0 | 31.0 |
| 32 | 32.0 | 32.0 |
| 33 | 33.0 | 33.0 |
| 34 | 34.0 | 34.0 |
| 35 | 35.0 | 35.0 |
| 36 | 36.0 | 36.0 |
| 37 | 37.0 | 37.0 |
| 38 | 38.0 | 38.0 |
| 39 | 39.0 | 39.0 |
| 40 | 40.0 | 40.0 |
| 41 | 41.0 | 41.0 |
| 42 | 42.0 | 42.0 |
| 43 | 43.0 | 43.0 |
| 44 | 44.0 | 44.0 |
| 45 | 45.0 | 45.0 |
| 46 | 46.0 | 46.0 |
| 47 | 47.0 | 47.0 |
| 48 | 48.0 | 48.0 |
| 49 | 49.0 | 49.0 |
| 50 | 50.0 | 50.0 |
| 51 | 51.0 | 51.0 |
| 52 | 52.0 | 52.0 |
| 53 | 53.0 | 53.0 |
| 54 | 54.0 | 54.0 |
| 55 | 55.0 | 55.0 |
| 56 | 56.0 | 56.0 |
| 57 | 57.0 | 57.0 |
| 58 | 58.0 | 58.0 |
| 59 | 59.0 | 59.0 |
| 60 | 60.0 | 60.0 |
| 61 | 61.0 | 61.0 |
| 62 | 62.0 | 62.0 |
| 63 | 63.0 | 63.0 |
| 64 | 64.0 | 64.0 |
| 65 | 65.0 | 65.0 |
| 66 | 66.0 | 66.0 |
| 67 | 67.0 | 67.0 |
| 68 | 68.0 | 68.0 |
| 69 | 69.0 | 69.0 |
| 70 | 70.0 | 70.0 |
| 71 | 71.0 | 71.0 |
| 72 | 72.0 | 72.0 |
| 73 | 73.0 | 73.0 |
| 74 | 74.0 | 74.0 |
| 75 | 75.0 | 75.0 |
| 76 | 76.0 | 76.0 |
| 77 | 77.0 | 77.0 |
| 78 | 78.0 | 78.0 |
| 79 | 79.0 | 79.0 |
| 80 | 80.0 | 80.0 |
| 81 | 81.0 | 81.0 |
| 82 | 82.0 | 82.0 |
| 83 | 83.0 | 83.0 |
| 84 | 84.0 | 84.0 |
| 85 | 85.0 | 85.0 |
| 86 | 86.0 | 86.0 |
| 87 | 87.0 | 87.0 |
| 88 | 88.0 | 88.0 |
| 89 | 89.0 | 89.0 |
| 90 | 90.0 | 90.0 |
| 91 | 91.0 | 91.0 |
| 92 | 92.0 | 92.0 |
| 93 | 93.0 | 93.0 |
| 94 | 94.0 | 94.0 |
| 95 | 95.0 | 95.0 |
| 96 | 96.0 | 96.0 |
| 97 | 97.0 | 97.0 |
| 98 | 98.0 | 98.0 |
| 99 | 99.0 | 99.0 |
| 100 | 100.0 | 100.0 |



Chemist+Druggist

www.dotpharmacy.com



News

Online fee protest by 8,600 falls on deaf ears

The RPSGB will not recognise the online protest against its proposed 50 per cent rise in fees

Distribution changes may affect new business

Wholesalers fear the prospects for first-time pharmacy owners as distribution changes kick in

PPRS under scrutiny

OFT report prompts DH to bring forward review of drugs pricing by three years

Opinion

Fees hike – why so much and why now?

MP Sandra Gidley is none the wiser

Clinical

A helping hand

The drugs most commonly used to treat infertility

Male osteoporosis screening benefit

Screening of high-risk men could be cost-effective

Products & Marketing

Ask Actavis for Hall's and Ranzac

New distributor for the cold and indigestion remedies

Features

View from the top

New chairman of the National Pharmacy Association Dilip Joshi on the challenges of landing a high-profile role

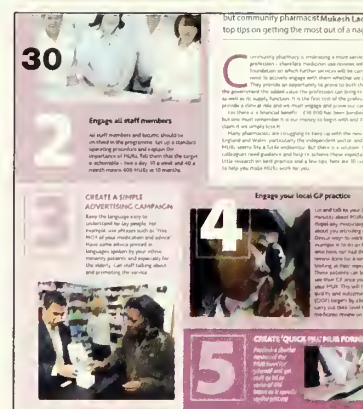
How to make MURs work for you

Community pharmacist Mukesh Lad has some top tips on how to flourish under the current requirements

Recruitment & Classified

Star job

Specialist international medical supplier based in east London is recruiting a pharmacy checking technician



Cover: This week's Pharmacy Champion, Helen Watton. Picture: Mike Gutteridge



Editor
Gary Paragpuri MRPharmS
01732 377688

Features & Deputy Editor
Fiona Salvage MRSC
01732 377435

News Editor
Max Gosney
01732 377315

Marketing Editor
Lesley Ribbens
01732 377600

Online Editor
Tom Hawkins
01732 377284

Acting Clinical & CPD Editor
Gavin Atkin
01732 377239

Contributing Editor
Adrienne de Mont FRPharmS
0207 921 8256

Reporter
Jennifer Richardson
01732 377088

Group Production Editor
Fay Jones
01732 377396

Group Art Editor
Richard Coombs
01732 377528

Designers
Bethany Straker 01732 377231
David Farram 01732 377113

Office Manager
Elaine Steele 01732 377621
(fax): 01732 367065
esteele@cmpmedica.com

Sales Director, Healthcare
Ruth McKay
020 7921 8456

Advertisement Managers
Daniel Spruytenburg
020 7921 8126
Deborah Heard
020 7921 8119

Sales Executive
Chris Docwra
020 7921 8123

Price List
Colin Simpson (Controller)
01732 377407
Darren Larkin (Data Manager)
Price List (fax): 01732 377559

C+D Data
David Watkinson (Director)
01732 377802
Devi Patel (Development Manager)
01732 377451
Maria Locke (Data Development Clerk)

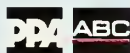
Projects Director
Patrick Grice MRPharmS
01732 377296

Projects Administrator
Pauline Sanderson 01732 377269

Production
Katrina Avery 01732 377674

Group Publishing Director
Phil Johnson 01732 377633

Email
firstinitialsurname@cmpmedica.com



© CMP Medica, Chemist + Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter
Published Saturdays by CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
C+D on the internet at: <http://www.dotpharmacy.com/>
Subscriptions: (Home) £183 per annum; (Overseas & Eire) \$450 per annum. Single copies C+D £4.50 (postage extra). Extra Price List

for subscribers: £20 per single copy; for non-subscribers: £65 per single copy.
Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF.
Telephone: 01858 468811
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.
The editorial photos used are courtesy of the suppliers whose products they feature. We are not responsible for the content of any external websites referred to in this magazine.



Online fee protest by 8,600 falls on deaf ears

» Petition not part of "official process" says RPSGB

Jennifer Richardson

A protest by more than 8,000 pharmacists at the 50 per cent rise in retention fees will not be recognised by the Royal Pharmaceutical Society in its consultation on the proposed increases.

The online petition demands the Society reconsider the hike in retention fees. It has attracted signatures from some 17 per cent of the profession since being posted on July 31.

"This petition is not part of the official consultation process," an RPSGB spokesperson said. "All members will be invited to take part in the official consultation via the website [www.rpsgb.org]."

Petition creator Mark Cheeseman, a locum pharmacist in Suffolk, expressed disappointment at the RPSGB's decision not to recognise the protest. "I think it would be a shame for the Society to ignore 8,000 signatures," he said.

It was confusing that the Society had failed to publicise its intention to consult on the rise immediately, Mr

Cheeseman said. But he cautiously welcomed the consultation. "I think it's confusing for people," he said, "but it's encouraging at least that they recognise they

should engage with members."

The intention to consult was not publicised initially, a spokesman said, because processes for the 60-day consultation had to be finalised first.

Some of the comments on Mark Cheeseman's online petition at www.gopetition.com

Preston: "I can't see how an adjustment of this magnitude can be justified."

Dundee: "When the RPSGB begins to support its members in the same way as the BMA then it will be earning the money it is asking from us."

Leicester: "This is the most unreasonable increase in fees in all my 25 years as a practising pharmacist."

Doncaster: "Disgusting – so there is a pension shortfall? My pension also has a shortfall, but I don't see the pharmaceutical society helping me."

Liphook, Hampshire: "I can see no justifiable reason for the increase."

Suffolk: "This is the single most devastating action that's detrimental to the future of pharmacy."

London: "The RPSGB is a body that only exists to penalise its members."

Q&A

Andrew Gush, RPSGB treasurer



• Will the salaries of staff and directors be frozen?

"I'm not on the remuneration committee so I can't comment directly. But we are an organisation which wants to recruit and retain the best possible people to serve our members, and any increase or decrease or maintenance will be done in relation to that. I don't anticipate any large increase in salaries."

• Could funds be raised by selling the Society's museum?

"That's a very difficult one. Do you sell your history? What do you gain from a museum? If you started to sell the assets of the Society it would cause an uproar in some quarters. They're not our assets; they're the assets of the members. If the members suggested in significant numbers that's something they wanted to look at, what we would have to do as responsible representatives of the members is start a consultation."

• Could savings be made by cutting the number of members on Council?

"You've got to look at the cost-benefit analysis. If there was a strong view that members weren't getting proper value for money we would have to go into a consultation process."

Fee increase covers past deficits

The 50 per cent increase in retention fees will cover shortfalls in past years' budgets, Royal Pharmaceutical Society treasurer Andrew Gush has said.

"The increase in fees this year is not just paying for the 7 per cent increase across expenditure," Mr Gush told C+D. "Much of the increase is covering deficient budgets which have been set in the past." The 2005 and 2006 budgets had run at a total loss of £5 million.

Mr Gush denied previous Councils had failed to manage funds. RPSGB officials could not have anticipated the external pressures now faced, he said.

"The rise in retention fee over the past few years has been limited," Mr Gush said. "[Council] made a decision to shoulder the burden on the evidence that was available at the time."

One unforeseen factor that had led to the hike in fees was a change to tax rules, Mr Gush told C+D. The Society has incurred £1m extra costs as it is no longer able to pass tax

liability to charities as gift aid, the treasurer said.

Mr Gush would not say how much of the increased fee revenue would go towards separating the Society's regulatory and representative functions or the increased cost of regulation. These were two external pressures cited by the Society as contributing to the rise, along with the Society's pension deficit. This stood at £6.4 million, Mr Gush said.

Mr Gush said he understood the

fee increase would be unwelcome, but it was a case of making the right decision at the right time for the Society's members.

The Society was now seeking to reduce the financial burden on members by introducing quarterly payments, said Mr Gush, although waiting for Department of Health approval could delay this until 2009. "It is my expectation that increases in fees over the next couple of years will be below inflation," he added.

The Society in numbers

| | |
|----------|---|
| £23m | 2008 budget (excluding publications) |
| £21m | 2007 budget (excluding publications) |
| £11.7m | 2007 pharmacist fees income |
| £1.9m | 2006 emergency injection into pension funds |
| £6.4m | current pension deficit |
| £3m | 2006 budget deficit |
| £2m | 2005 budget deficit |
| £270,000 | Cost of Carter response |
| £4m | Reserve funds |

Source: RPSGB

Society opens for the day

The Royal Pharmaceutical Society is inviting members to its headquarters to learn about the work the Society does on behalf of the profession.

The event, on September 23, hosted by president Hemant Patel, will include tours of the library and museum and a buffet lunch, with directors on hand to answer questions.

Admission will be by pre-booked ticket only, though these are free. Contact b&a@rpsgb.org; 020 7572 2330.



An outbreak of foot and mouth disease on two farms in Surrey has been linked to a pharmaceutical firm specialising in the manufacture of animal vaccines. Investigators said there was a "strong probability" the outbreak had originated from Merial or the Institute of Animal Health (IAH). Both use the strains of virus found at the farms and have laboratory facilities nearby. However, Merial held "large scale" quantities of the virus compared with smaller volumes used by the IAH, a health and safety investigation concluded. Merial, co-owned by Merck & Co and sanofi-aventis, said it operated to the highest international standards. Bio-security had never been breached in 15 years of vaccine manufacture at its Surrey site, the company added

Wholesalers predict distribution changes may affect new business

Jennifer Richardson

Changes to pharmaceutical

distribution could make it harder for pharmacists to buy their first business, two wholesalers have warned.

The inability of some wholesalers to access the full product range could make it more difficult for them to grant loan guarantees to first-time buyers, Mawdsleys and Norchem have suggested.

John Davies, retail services director at Mawdsleys, told C+D: "You've got to consider the risks. We and other wholesalers will perhaps be applying

more stringent criteria to those risks."

Mr Davies's concerns were echoed by regional wholesaler Norchem's chief executive. "It is unlikely that guarantees will be given as easily as they were," said Drew Murdoch.

But UniChem and AAH both confirmed they remained committed to providing loan guarantees to independent customers.

Independent Pharmacy Federation chief executive David Wood said a reduction in guarantee availability would make the deals less attractive to potential buyers. "It's very important to have competition

between wholesalers providing guarantees, otherwise the terms of supply can be quite disadvantageous to the pharmacist."

The comments follow moves by Pfizer, Napp and sanofi-aventis to only supply drugs via selected wholesalers.

Tony Townsend, sales manager of business transfer agency Orridge Pharmacy Sales, reported no reduction in first-time buyers. But, he confirmed funding was increasingly being sourced away from wholesalers. "I have already heard of people re-financing so they are not dependent on the wholesaler," he said.

Brighton is best for students on a budget

Student Living Index 2007 (towns with pharmacy schools only)

Brighton
London
Liverpool
Leicester
Birmingham
Glasgow
Manchester
Cardiff
Aberdeen
Belfast
Bath
Nottingham

Brighton is the most cost-effective place to study pharmacy in the UK, according to research by the Royal Bank of Scotland.

The RBS Student Living Index, which includes 12 UK towns with pharmacy schools, takes into account living costs offset by part-time employment opportunities.

Heena Bhakta, president of the British Pharmaceutical Students' Association, suggested living costs were more important for busy pharmacy students.

"With pharmacy being a full-time degree, it's really difficult

to get a paid job," she said.

Shiranthi Kulatilake, recruitment assistant at the school of pharmacy in Nottingham – the most expensive place to study pharmacy on the index – said some students had no choice but to take on part-time work to fund their studies.

But she admitted the workload made it difficult. "During the working day the current timetable wouldn't allow them to," she said.

As a result of this, more pharmacy students were choosing universities close to home and commuting, Miss Bhakta said.

News in brief

New links for feedback

Independent Local Involvement Networks (LINKs) with the power to hold the NHS and commissioners to account are to replace existing patient forums from April 2008, in an effort to improve feedback on local healthcare services.

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for August 2007 prescriptions: diamorphine 5mg, 100mg, and 500mg injection ampoules; mefenamic acid 250mg capsules.

Update store branding

An updated your portfolio 2 catalogue is being issued by UniChem. It includes retail displays, seasonal and healthcare posters and improved POS, as well as the diabetes screening package in association with Roche Diagnostics.

EU safety row

A rule allowing pharmacists from the EU to practise in the UK without adhering to the same requirements as UK pharmacists will threaten patient safety, the RPSGB has warned. The Society has raised "grave concerns" over the proposed European Directive 2005/36/EC.
www.rpsgb.org

Trading Gold

Rakesh Patel, chief executive of Goldshield Group, told the company's annual general meeting it is trading in line with expectations. Mr Patel said Goldshield has made progress since the start of the year, noting the launch of the company's fat binder LIPObind.

Meeting for the future

The Wessex Region branches, in collaboration with the Hampshire & IOW LPC, have put together a conference to ensure that pharmacists have the skills and knowledge to develop in the changing world of pharmacy. The conference programme and an application form may be obtained from suzanne.cronin@port.ac.uk.

Ten top tips for carrying out successful MURs.
See page 30

PBC week

September 24-28

Step 3 of our seven-point guide to writing a PBC service proposal looks at how to carry out detailed research. For steps 1 and 2 and PBC templates see dotpharmacy.com/PBC

A step-by-step guide to PBC

STEP 3

Detailed research

Stephen Fishwick, head of NHS services development, NPA

If you've completed the earlier steps in this series, you will by now have done initial research into the local commissioning cycle and mapped the local landscape for service development opportunities.

It is time to move on to a more detailed examination of existing local healthcare provision and population needs, to more clearly define the remit of your proposed service. You should also begin to gather the information you will need to include in any written bid, when that time comes.

Useful sources might include:

Population need:

- See your PCT public health directorate, gpcontract.co.uk, upmystreet.com and ic.nhs.uk.

Service gaps/areas for improvement:

- See the Healthcare Commission's annual health check report for your PCT, and the PCT's annual report.
- Consider how your service might integrate with other local health services.

Evidence of effectiveness, including financial return on investment from your proposed service:

- Can you provide examples of a similar successful scheme elsewhere, or cite an academic study that provides evidence to underpin your case? Use the NPA Brief Guides npa.co.uk as a starting point.
- The national payment by results tariff comprises costs for hospital admission and outpatient visits. If your service will reduce hospital activity, you can estimate the cost saving. Hospital episode statistics hesonline.nhs.uk contains information on admissions and outpatient attendances in England.

Next time: Step 4 – Building support for your proposal

Drug prices scrutinised

OFT report prompts DH to bring forward pricing of branded medicines

Emma Wilkinson

The Department of Health is to renegotiate the level of profit that drug companies can make from selling medicines to the NHS three years ahead of schedule.

It will launch a "timely dialogue" with the industry on the current Pharmaceutical Price Regulation Scheme, which was due to run until 2010.

The move follows an Office of Fair Trading report calling for pricing arrangements between the NHS and pharmaceutical industry to be "updated".

Responding to February's OFT market study, which recommended the introduction of a value-based pricing system, the government said it would be looking at a number of models.

A DH spokesperson added: "It is in all our interests to encourage research and reward innovation, but above all we want to ensure that the taxpayer gets value for money."

Richard Ley from the ABPI said the DH had not yet made clear what it would be proposing but if it was to



The price is right: the DH is bringing forward its PPRS review by three years

take on the OFT recommendations in their entirety they would be very concerned.

"We want to ensure some of the misconceptions from the OFT are not carried through.

"We need to bear in mind that the NHS has to get medicines at a fair and reasonable price but pharmaceutical companies have to get a reasonable return on their investment in research and development."

PSNC said there had been problems with the current system. Sue Sharpe, chief executive, said: "In recent years the activities of certain

manufacturers have given rise to a range of problems for pharmacy contractors relating to the terms on which they procure medicines for NHS patients.

"In the coming months we will be seeking to ensure that the financial risk to pharmacies from their obligation to procure brands is recognised and satisfactorily addressed in any new arrangements."

What do you think of value-based drugs pricing? haveyoursay@cmpmedica.com



Stirling pharmacist Kerry Payne was chosen as the Boots Community Hero of the Year out of more than 60,000 staff across 1,500 stores in the chain's Best of the Best Awards. The Pharmacist of the Year honour went to Milak Rahman at the Cheltenham branch, for his "ability to motivate the pharmacy team and ensure that everyone is focused on giving customers a great experience". Kerry is pictured receiving her award from retail director Scott Wheway

Chlamydia drug switch gains backing

Pharmacy bodies have unanimously backed the proposed switch from POM to P for azithromycin in order to further expand pharmacy sexual health services.

In response to the consultation, which closed last week, pharmacy leaders said the proposals would improve access to chlamydia screening and treatment for all patients.

Ruth Wakeman, NPA information department manager, said the proposals offered an unparalleled opportunity.

"We will be ensuring that all our members are able to follow the

service model described in the consultation," she said.

PSNC also submitted a favourable response to the consultation, with Steve Lutener, head of regulation, adding it would help pharmacists play a "vital part in the fight against sexually transmitted infections in the UK".

He added that he hoped technical obstacles in terms of accessing test results could be resolved.

Rob Darracott, CCA chief executive, said the switch would be a good test of pharmacy's clinical role but any recommendations should be "future proofed" to facilitate further switches. **EW**

Statins given safety boost by US study

Statins are safe to use in people with extremely low LDL cholesterol levels and may lead to improved survival, according to a US study.

A survival benefit was observed in

patients with LDL cholesterol levels less than 1.04mmol/l and those without documented coronary artery disease. For more information: *Circulation* 2007; 116: 613-618.



friends

With Teva working for you,
you know you're with friends.

Using Teva UK Limited as your preferred generics supplier means support for you and your business.

An award-winning livery that's attractive and designed to minimise dispensing errors.

Our award-winning Ultimate scheme, that gives you discount right back to the first penny for your qualifying purchases, with monthly rebate payments straight back to your business. And on top of that, the Ultimate Partners option that gives you *two* discounts from your purchases.

All this, of course, is on top of a range of over 500 products as well as a nationwide network of Teva staff and a free customer helpline that's dedicated to your needs.

So let's face it, there are enough long faces to deal with - with Teva working for you, you're amongst friends.

**TEVA**

TEVA UK LIMITED

Making generics easier

News in brief

MUR uptake drive

UniChem has released a toolkit for increasing the number of MURs carried out in the pharmacy. It includes a wall progress chart to track performance, a question card for patients to fill in as they wait for their medication and patient posters.

Tel: 0208 974 4040

PhwSI learning event

NHS Primary Care Contracting is holding two workshops to support PCTs and pharmacists who are early adopters of the pharmacists with specialist interests scheme. The meetings – on October 2 in Leeds and October 11 in London – will provide information on accreditation, care pathways and action plans for applicants.

www.primarycarecontracting.nhs.uk

Falls prevention

The NPA has joined forces with East Sussex County Council and Local Pharmaceutical Committee to help reduce falls in the elderly. The organisations have published a report highlighting how community pharmacy fits into local fall prevention pathways.

Pet medicines on sale

A trial of sales of veterinary products and medicines is being carried out through 10 Lloydspharmacy branches. A change in legislation means they can now offer preventive healthcare products for cats and dogs, such as flea sprays and worming products.

www.lloydspharmacy.co.uk

Service with a smile

Superdrug is planning to offer dental treatments in London, Milton Keynes and Brighton from this month. Customers will be able to undergo teeth whitening, breath freshening and hygienist treatments costing from £35 to £350 through the service being offered in conjunction with SmileStore.

Stop smoking advice

PharmacyHealthLink has launched smoking cessation guidance for pharmacists and their staff. It sets out the key distinctions between brief advice and brief interventions and explains how best to use different approaches when supplying a comprehensive NHS stop smoking service.

www.pharmacyhealthlink.org.uk

Nuttall says MURs need greater public exposure

Government should fund a campaign to ensure understanding of services

Max Gosney

Co-op chief John Nuttall has called for a government-funded campaign to raise public awareness of medicines use reviews.

Westminster should "play its part" in promoting the advanced service to patients, Mr Nuttall told C+D. He said: "We've invested in our business with consultation rooms, additional staff and resources. The government has a part to play. We've not seen that demonstrated."

The comments came as Mr Nuttall set out his blueprint for the combined Co-op and United Co-op pharmacy group. The 670 pharmacies will start trading as a single business this month in an "uncertain" market, Mr Nuttall said.

"There's a degree of uncertainty



John Nuttall: integrating Co-op pharmacies

that's going to put a hold on our short-term plans."

The delayed Galbraith review and government proposals to move pharmacy funding to local

commissioners had resulted in instability, he warned.

"The decision to move funding to PCTs is a business risk. There's an assumption that all PCTs have the same focus on pharmacy when, for some, the profession is not on the radar."

Mr Nuttall will be charged with integrating the United Co-op and Co-op pharmacy businesses over the coming months, he revealed.

Expanding the group's pharmacy chain is also a priority and the Co-op confirmed the acquisition of seven branches in South and West Wales and a site in Norfolk this week.

The Co-op boss ruled out redundancies among pharmacy staff following the merger. The assurance comes after the Co-op cut 1,000 jobs from its financial services business last month.

Mr Nuttall heads the Co-op Pharmacy's senior healthcare management team announced this week. Key appointments include: Liz Colling, superintendent pharmacist and head of professional development; Mike Wanliss, head of operations; Gordon Farquhar, head of retail commercial; and Lindsey Fairbrother, head of wholesale commercial; development.

Should MURs have more of the limelight?

mgosney@cmpmedica.com

Co-op gets China syndrome

The Co-op is to launch a generics business in China to supply medicines to its UK pharmacy chain. The group's wholesale arm, Sants, will team up with drug firm Tasly Group China to build a £20m manufacturing site in Tianjin.

The plant should be up and running within 18 months, according to John Nuttall, the Co-op Group's managing director, healthcare.



He said: "The primary focus of this project is to provide continuity of supply to Co-op pharmacies. "It will help us protect commercial return as the government puts increasing pressure on suppliers to cut the wholesale cost of prescription drugs."

Nice: no to abatacept

Abatacept (Orencia) should not be available on the NHS for the treatment of severe rheumatoid arthritis, Nice has concluded in a draft technology appraisal.

The drug is licensed for use in combination with methotrexate for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have had an insufficient response or intolerance to other disease-modifying anti-rheumatic drugs.

But Nice's appraisal committee has ruled that the drug is not a cost-effective option for the NHS and, after consultation, plans to produce full guidance at the end of this year. The committee concluded

randomised controlled trials were needed to compare abatacept with conventional DMARDs, TNF-alpha inhibitors and rituximab.

The National Rheumatoid Arthritis Society has estimated the treatment could potentially benefit 12,000 people in the UK.

Ailsa Bosworth, chief executive of the National Rheumatoid Arthritis Society, said: "We are talking about a relatively small number of patients who have a very aggressive and severe form of rheumatoid arthritis.

"Patients need more choice of agents that work in different ways to combat this complex and terrible disease, not less." EW



Pharmacist Martin Jones consults with a patient from a makeshift pharmacy at the World Scouts Jamboree in Chelmsford, Essex. Mr Jones, also commercial manager at pharmacy IT supplier Positive Solutions, is part of a multinational pharmacy team doing their best to care for more than 40,000 scouts. Pharmacists from the Czech Republic, France and Egypt staffed health clinics alongside first aid experts at the 12-day event celebrating 100 years of the Scouting movement

CAN YOU BELIEVE YOUR EARS?



75 ml

**Locorten®-
Vioform®** -
ear drops



- Locorten®-Vioform® ear drops are indicated for otorrhoea and inflammatory conditions of the external ear where a secondary infection is suspected
- A leading prescription product for otitis externa
- 2-3 drops twice daily for 7-10 days
- Competitively priced at £1.47 a bottle¹

LOCORTEN®-VIOFORM® EAR DROPS

Clioquinol 1%, flumetasone pivalate 0.02%

ALWAYS THERE WHEN YOU NEED IT

PRESCRIBING INFORMATION

NAME OF THE MEDICINAL PRODUCT: Locorten-Vioform® Ear Drops. **QUALITATIVE AND QUANTITATIVE COMPOSITION:** Active ingredients: Flumetasone pivalate 0.02% w/v, Clioquinol BP 1.0% w/v. **PHARMACEUTICAL FORM:** Ear drops, solution. **CLINICAL PARTICULARS:** **Therapeutic indications:** Inflammatory conditions of the external ear where a secondary infection is suspected. Otorrhoea. **Posology and method of administration:** Instil 2 or 3 drops twice daily directly into the auditory canal of the affected ear. Treatment should be limited to 7-10 days. If there is little improvement after 7 days treatment with Locorten-Vioform®, appropriate microbiological investigations should be carried out and local or systemic antibiotic treatment given. **Use in the elderly:** There is no evidence to suggest that dosage should be different in the elderly. **Use in children:** Locorten-Vioform® Ear Drops are contra-indicated in children below the age of two years. Route of administration: Auricular use. **Contraindications:** Hypersensitivity to any component of the formulation or iodine. Primary bacterial, viral or fungal infections of the outer ear. Perforation of the tympanic membrane. Use in children below the age of two years. **Special warnings and special precautions for use:** Long-term continuous topical therapy should be avoided since this can lead to adrenal suppression. Topical application of clioquinol-containing preparations may lead to a marked increase in protein-bound iodine (PBI). The results of thyroid function tests, such as PBI, radioactive iodine and butanol extractable iodine, may be affected. However, other thyroid function tests, such as the T₄ resin sponge test or T₄ determination, are unaffected. The ferric chloride test of phenylketonuria may yield a false-positive result when clioquinol is present in the urine. Locorten-Vioform® should not be allowed to come into contact with the conjunctiva. **Interaction with other medicinal products and other forms of interaction:** None known via this topical route. **Pregnancy and lactation:** There is inadequate evidence of safety in human pregnancy. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development, including cleft palate and intra-uterine growth retardation. There may, therefore, be a very small risk of such effects in the human foetus. It is not known whether the active substances of Locorten-Vioform® and/or their metabolite(s) pass into breast milk after topical administration. Use in lactating mothers should only be at the doctor's discretion. **Effects on ability to drive and use machines:** None known. **Undesirable effects:** Locorten-Vioform® is generally

well tolerated, but occasionally at the site of application, there may be signs of irritation such as a burning sensation, itching or skin rash. Hypersensitivity reactions may also occasionally occur. Treatment should be discontinued if patients experience severe irritation or sensitisation. Locorten-Vioform® may cause hair discolouration. **Overdose:** Locorten-Vioform® is for topical (external) use only. If accidental ingestion of large quantities occurs, there is no specific antidote and general measures to eliminate the drug and reduce its absorption should be undertaken. Symptomatic treatment should be administered as appropriate. **PHARMACOLOGICAL PROPERTIES:** **Pharmacodynamic properties:** Locorten-Vioform® Ear Drops combine the anti-fungal and anti-bacterial properties of clioquinol with the anti-inflammatory activity of flumetasone pivalate. **Pharmacokinetic properties:** No pharmacokinetic data on Locorten-Vioform® Ear Drops are available. **Preclinical safety data:** Not applicable. **PHARMACEUTICAL PARTICULARS:** **List of excipients:** Polyethylene glycol. **Incompatibilities:** None known. **Shelf life:** 36 months. **Special precautions for storage:** Do not store above 25°C. **Nature and contents of container:** Plastic dropper bottle containing 7.5 ml. **Instructions for use and handling (and disposal):** Medicines should be kept out of the reach of children. **MARKETING AUTHORISATION HOLDER:** Amdipharm plc, Regency House, Miles Gray Road, Basildon, Essex, SS14 3AF, UK. **MARKETING AUTHORISATION NUMBER(S):** PL 20072/0012. **DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION:** 11 October 2004. **DATE OF REVISION OF THE TEXT:** October 2004. **Legal category:** POM. © Registered Trademark. **Distributed by:** Amdipharm, Miles Gray Road, Basildon, Essex. **Further information may be obtained from:** Amdipharm, Regency House, Miles Gray Road, Basildon, Essex SS14 3AF. **Telephone:** 0870 777 7675. © Locorten-Vioform is a registered Trade Mark.

Reference: 1. MIMS, June 2007.



AMDIPHARM

Please report suspected adverse drug reactions via yellow card (www.yellowcard.gov.uk).
Suspected adverse reactions may also be reported to Amdipharm directly (e-mail: medinfo@amdipharm.com).

Pharmacy Champions

Pharmacy
Champions

Helen Watton, of Cornwell's Chemist, Stafford, has set up a smoking cessation service in a local factory

My senior sales assistant said: "It's a pity we can't go out to factories in the area as a lot of people will find the ban tough," and I thought the idea was fantastic.

I rang our local smoking cessation co-ordinator and asked her if it would be possible to do this under the current **patient group directive**. The stumbling block, I thought, would be supplying patches to patients on site and the need for pharmacist supervision under the PGD. However, she was delighted with the query as she had been approached the same day by Areva – one of the largest employers in the town – and she arranged for their human resources to contact me.

My first visit was set up for May 1 this year.

The service is on a one-to-one basis, but occasionally friends will ask if they can be seen together for moral support. The whole course lasts 12 weeks and I see patients at two-week intervals. The first session always takes the longest as we have to fill in paperwork and I explain about the different products available to help patients quit.

The funding is based on the existing pharmacy scheme, but plans for the future include £10 per hour payment for healthcare workers in addition to the current remuneration.

The **high point** has been the overwhelming success of the project. Out of the current 55 patients, only one patient has dropped out of the scheme and the rest of the patients have either completely quit or have reduced their cigarette intake drastically.

The **low point** has been completing a long day at work and immediately starting the night shift at 9pm at the factory.

Patients were dubious at first, but when they realised I **do not preach about the evils of cigarettes**, they were extremely positive.

GP's generally are very supportive as they appreciate pharmacists and pharmacy staff reducing their workload by providing this service.

My advice to others would be: **if you have an idea, don't be afraid to try it** or approach others with your idea.

One of the reasons we have been successful is because we were willing to be! We now have evidence that **smoking cessation in the workplace is more effective than in the community pharmacy setting**, so we have a good chance of expanding the service.



Under the white coat

- When I'm not at work I find a great deal of benefit from performing Reiki on a daily basis – **I'm a qualified Reiki practitioner**. I am looking for case studies to complete my second degree. My husband would be an ideal candidate but he doesn't believe in "that rubbish"!
- If I was in charge of pharmacy for a day, I'd **love to see pharmacists and other health professionals working more closely together** in a multi-disciplined centre where patients could get the care and attention they need under one roof.
- I truly believe some ailments could be prevented with a regular spa treatment.

Out of hours

- My inspiration is **David Brent from "The Office"**. My dispensing technicians performed a dispensary dance only recently.
- I am afraid of ghosts.
- I enjoy a good moan as much as the next person, but I hate it when people moan but don't do anything to change the situation.
- I haven't eaten meat for 20 years so my diet is fairly healthy, but I try very hard to **balance my diet with plenty of chocolate, biscuits and cake**.



Nominate your Pharmacy Champion:
Telephone 01732 377088
or email jrichardson@cmpmedica.com



Supported by



A Thornton & Ross brand

In Caring Hands

Oilatum Junior Bath and Cream works beautifully for babies and children

- Effectively treats and soothes the discomfort of eczema and dry skin conditions
- Kind and gentle even on the most sensitive skin
- The bath formula cleanses and re-hydrates whilst the cream soothes and helps lock in moisture
- Fragrance free

Dermatologists agree that using a bath and cream product is a very effective way to treat childhood eczema.



The Oilatum Junior Range is prescribed and is also available for purchase from pharmacies.
For more information visit the website at www.oilatum.co.uk

Oilatum Junior Cream Prescribing Information

Active Ingredients: light liquid paraffin 6.0% w/w and white soft paraffin 15.0% w/w. **Uses:** For the treatment of atopic eczema, contact dermatitis and dry, sensitive skin including ichthyosis. **Dosage and administration:** Apply topically to the affected area and rub in well, may be used as often as required. It is especially effective after washing. **Side effects, precautions and contraindications:** Should not be used in patients with known hypersensitivity to any of the ingredients. Hospital users should follow local procedures and policies for using topical products on in-patients. Keep out of the sight and reach of children. Consult the SPC for further details. **Legal category:** GSL. **Package quantities & NHS price:** 150g £3.10, 350g £4.65, 500ml £6.35, 1050ml £14.67. **Product Licence number:** PL 0174/0207 (150g) PL 0174/0219 (350g, 500ml, 1050ml). **Marketing Authorisation Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU, UK. **Date of preparation:** April 2007

Oilatum Junior Emollient Bath Additive

Prescribing Information
Active Ingredients: light liquid paraffin 63.4% w/w. **Uses:** For the treatment of contact dermatitis, atopic dermatitis, ichthyosis and related dry skin conditions. Oilatum Junior Emollient Bath Additive is particularly suitable for infant bathing. **Dosage and administration:** Suitable for use in infants and children. Oilatum Junior Emollient Bath Additive should always be used with water, either added to the water or applied to wet skin, and may be used as frequently as necessary. Add 1-3 capfuls to an 8-inch bath of water, soak for 10-20 minutes, and pat dry. Infant bath: Add 1/2-2 capfuls to a basin of water, apply gently over entire body with a sponge, and pat dry. **Side effects, precautions and contraindications:** Take care to avoid slipping in the bath. If a rash or skin irritation occurs, stop using the product and consult with the doctor. Consult the SPC for further details. **Legal category:** GSL. **Package quantities & NHS price:**

150ml £2.82, 250ml £3.25, 300ml £5.10 and 500ml £5.75.
Product Licence number: PL 0174/0182. **Marketing Authorisation Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU, UK. **Date of preparation:** April 2007

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Stiefel Laboratories (UK) Ltd at adverse.reaction@stiefel.com.



© May 2007 Stiefel Laboratories (UK) Ltd.
All Rights Reserved.
OJ.7108UK.

Your views

Global warning

Rob Darracott considers the implications of the global sum transfer to PCTs



Rarely does policy pan out in reality as it was conceived on paper. And the unintended consequences are often more important than the policy itself.

A case in point may be the transfer of the full global sum allocation to PCTs. Contractors are expressing dismay at these proposals. Yet nearly 50 per cent of pharmacy's allocated funding is already held locally – so what is all the fuss about?

On the surface, this is a small change that appears to be mainly about aligning financial management arrangements for pharmacy with other primary care contractors.

There will be no central administrative cost savings as the DH will continue its monitoring function. At the very least there will only be a

small increase in PCT administration, so if the NHS were a business this proposal would probably be thrown out as cost-inefficient.

But in the NHS, politics comes first, and because the direction of travel is for PCTs to hold as much of the budget as possible, moving another 1.3 per cent of the pot is a small but worthwhile tidying up exercise.

So, what might be the consequences of this shift be for pharmacy owners? The DH maintains that it will "further encourage PCTs to consider pharmaceutical service provision locally in its totality". Given the lack of engagement of some PCTs with pharmacy, this would be well worth having, especially if it resulted in PCTs commissioning more enhanced services. But is such a small change in the paper budget really going to deliver any significant change in PCT commissioning behaviour? After all, the introduction of a new contractual framework – a much more significant event – has failed to do so.

PCTs may feel more in charge of ownership of essential services when they hold the budget. But as they are unable to influence services directly (specifications and fees will continue to be agreed centrally), they may try to exercise more control through performance monitoring. This could lead to frustration rather than collaboration at local level.

Anecdotal evidence from MURs suggests that where PCTs perceive

the retention of underspends as a good thing, they do little to help. This may deprive pharmacy teams of the vital PCT support they need to facilitate integration with the wider primary care community.

Is it being too alarmist to suggest that PCTs may actively encourage an increase in the length of prescriptions as a way of reducing their locally held pharmacy budget?

For contractors, this might be a mixed blessing, freeing up some time for advanced and enhanced services. But it would do nothing for patient compliance and medicines wastage, as studies have consistently shown.

It also goes against the grain of a move towards repeat dispensing, which is critical to the future development of pharmacy services and is seen by all stakeholders – GPs, pharmacists and patients – as a long-term win-win and a huge service improvement for patients with long-term conditions.

The global sum is likely to transfer to PCTs. And this will undoubtedly change PCT behaviour, but possibly in ways that make it harder rather than easier for pharmacy to develop.

So pharmacy should press the DH to match this change with another that incentivises PCTs to develop and integrate pharmacy locally. Then this shift in the money might well deliver just what it says on the tin.

Rob Darracott is CCA chief executive

Your letters

Send your letters to:

haveyoursay@cmpmedica.com

I cannot believe that Hemant Patel is justifying the hike in retention fees with the argument that "some of the extra £5 million will also combat the RPSGB's pension deficit". Is this a pension I will benefit from? No. I am SO angry.

I have long questioned being a pharmacist. First the Society forces us to record our ongoing training; there must be a better way. I attended many local and distant courses, all in my own time. Surely the fact that I have attended should be enough. No, I need to fill out forms, check codes for "what I have learned". Why? To have a 50 per cent increase in fees? AND say it

at the end of the year when most of us are quite low in cash.

David Johnstone, Glasgow

Is the Society "losing it"? Is it intent on alienating all pharmacists to pander to the whims of large companies and grocers? Does big business have the best interests of patients in mind or its own profitability, which may or may not come as a consequence of good service to a community?

We must now consider – on top of direct to pharmacy suppliers, pseudoephedrine reclassification, 100-hour contracts and the 50 per cent RPSGB fee increase – the possibility of remote supervision

Surely this will offer no benefit to anyone other than big companies, and will not increase public access to neighbourhood pharmacists.

Paul McCourt, J Docter Pharmacy, Walsall

I think the fee rise is a disgrace. Disillusioned as I am with pharmacy as a career, this could be the insult which gives me the impetus to find a different way of earning a living. Alternately, why don't we stand together, refuse to pay and maybe in future we will be treated with more respect by Lambeth.

Carol Eastwood, Cohens Chemist (by email)

BROCHLOR EYE DROPS AND OINTMENT PRESCRIBING INFORMATION

Presentation: Eye drops containing chloramphenicol 0.5% w/v. Ointment containing chloramphenicol 1.0% w/w. **Indications:** Treatment of acute bacterial conjunctivitis. **Dosage and Administration:** Adults and children aged 2 and over: Drops: One drop applied to affected eye every two hours for the first 48 hours and 4 hourly thereafter. Ointment: Small amount applied to affected eye either at night if eye drops are used during the day, or 3-4 times daily if the ointment is used alone. Treatment should be continued for 5 days, even if symptoms improve. **Contraindications:** Hypersensitivity to ingredients. Known personal or family history of blood dyscrasias including aplastic anaemia. **Precutions and warnings:** Prolonged use (greater than 5 days) should be avoided unless approved by a doctor, as it may increase likelihood of bacterial resistance. Medical advice should be obtained if there is disturbed vision, eye pain, photophobia, eye inflammation with scalp/eye rash, cloudiness of eye, unusual pupil or suspected foreign body in eye. Refer to doctor if past medical history includes recent conjunctivitis, glaucoma, dry eye syndrome, eye/laser surgery in last 6 months, eye injury, other eye drops or ointment, contact lens use. Contact lenses should not be used during treatment. Soft lenses should not be replaced for at least 24 hours after treatment. If symptoms do not improve within 48 hours, or get worse, refer to doctor. Excipient phenylmercuric nitrate in the Eye Drops can cause mercuriolentis and ophthalmic keratopathy. **Interactions:** Avoid use with drugs liable to depress bone marrow function. **Pregnancy:** Not recommended for use during pregnancy or lactation. **Adverse Effects:** Transient blurring of vision. Stinging and irritation on application. Avoid driving unless vision is clear. See SPC for full details on side effects. **Pharmaceutical precautions:** Eye Drops: Protect from light. Store between 2°C and 8°C. Ointment: Store below 25°C. **Legal Category:** P. **Product licence number:** Eye Drops: PL04425/0366. Eye Ointment: PL04425/0367. **Retail Price:** Eye Drops: 10ml bottle: £4.75. Eye Ointment: 4g tube: £4.95. **Date of preparation:** June 2007. **Marketing Authorisation Holder:** Aventis Phormo Ltd, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4AH. Further information is available from sanofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS.

BROLONE PRESCRIBING INFORMATION

Presentations: Eye Drops containing Propamidine Isetionate 0.1% w/v. Eye Ointment containing Dibromopropamidine Isetionate 0.15% w/w. **Indications:** Treatment of minor eye infections. **Dosage & Administration in Adults (including the elderly) and Children:** Eye Drops: One or two drops applied topically up to four times a day. Eye Ointment: Apply once or twice daily into the eye. **Contraindications:** Hypersensitivity to ingredients. **Precutions and Warnings:** Blurring of vision may occur on instillation. Patient should not drive or operate machinery until vision is clear. If vision becomes disturbed, symptoms become worse or no significant improvement occurs after two days use, treatment should be discontinued and medical advice obtained. Eye drops or the ointment are unsuitable for use with hard or soft contact lenses. **Pregnancy:** Should not be used during pregnancy or lactation unless considered essential by a physician. **Adverse Effects:** Hypersensitivity. **Legal Category:** P. **Pharmaceutical Precautions:** Store below 25°C. Eye drops should be discarded 28 days after first opening (7 days in hospital). Eye ointment should be discarded 28 days after opening. **Product Licence number:** Eye Drops 10ml bottle - PL04425/0197; Eye Ointment 5g tube - PL04425/0198. **Retail Price:** Eye Drops 10ml bottle - £4.70; Eye Ointment 5g tube - £4.90. **Marketing Authorisation Holder:** Aventis Phormo Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4AH. Further information is available from sanofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS. **Date of Preparation:** November 2006.

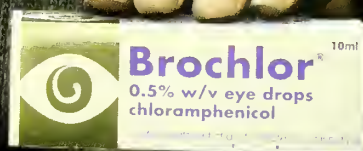
Information about adverse event reporting can be found on www.yellowcard.gov.uk
Adverse events should also be reported to the sanofi-aventis Drug Safety Department.

Date of preparation: June 2007
BRO-06/034

SMACK



propamidine isetionate



chloramphenicol

WHACK

WALLOP!



chloramphenicol

LET THE BRO'S KNOCK OUT EYE INFECTIONS

New Brochlor ointment, containing chloramphenicol, is for when you need to give eye trouble a real wallop. It's ideal for overnight use, children and the elderly and doesn't need to be refrigerated. So while Brolene is still very tasty at sorting minor eye infections, including bacterial conjunctivitis, blepharitis and eyelid infections, there's now "Big Bruv" Brochlor, which contains chloramphenicol, for when you need to hit acute bacterial conjunctivitis hard. By choosing Brolene for minor problems and saving Brochlor for the tougher stuff, you will have the option to take appropriate action. So if you have an eye infection causing trouble, let the Bro's knock it out.

If you would like more information about Brochlor or Brolene, and copies of training materials and point of sale items, contact your local Laser Healthcare Pharmacy Business Manager or call sanofi-aventis on 01483 505515.

Brolene & Brochlor - Focused eye care.



sanofi aventis

Because health matters

Comment from the editor

Mark Cheeseman. Remember the name, for the Suffolk pharmacist has rallied a large proportion of the profession. His online petition against the RPSGB's proposed 50 per cent hike in retention fees had attracted nearly 9,000 signatures by Wednesday lunchtime, and will make for uncomfortable reading at the RPSGB's Lambeth headquarters.

Community pharmacists are not generally noted for getting involved in consultations and politics, but the threat of a huge rise in retention fees has led to many posting angry comments on Mr Cheeseman's petition at www.gopetition.com, making it the second most active topic on the site.

Pharmacists' anger at the rise is unsurprising and has no doubt been fuelled by the lack of detail in the RPSGB's consultation. Will the proposed £425 practising fee be reduced when the RPSGB loses its regulatory role? What level of reserves does the Society need? What level of contribution will the Society make towards the set up costs of the new regulatory GPC? Why does the

pension fund need plugging so soon after a £2 million injection? What savings have been considered at Lambeth? The Society is asking a lot from members and in return it must provide answers.

At face value, Council's decision is understandable. The impending loss of regulation means the Society will lose a substantial proportion of its income – some £11.5m from members' fees in 2006 – and this is not helped by a 12 per cent drop in contribution from its publishing division last year. If members want the existing Society to flourish as a professional organisation, they will have to cough up the cash, is the message.

But judging by Lambeth's past performance as a professional representative entity, there was always a chance it would struggle to get support for whatever future incarnation the RPSGB morphs into, and a substantial fee rise is unlikely to be a vote winner.

With a white paper on pharmacy due in the autumn, the profession needs a strong and effective professional body backed by a united and committed workforce. If the RPSGB is to take on this mantle, it must show itself willing to listen to its members. **Gary Paragpuri, editor**

Pharmacists' anger at the rise is unsurprising and has no doubt been fuelled by the lack of detail

Pharmacist in the House

Fees hike – why so much and why now?

Sandra Gidley tries to understand but finds the consultation document 'incomplete' and 'patronising'



I always wondered what it would take to galvanise the profession. The debate about future regulation and representation has never really taken off and it has been a tad disappointing that relatively few pharmacists have sought to engage

But suggest a 50 per cent hike in fees and everyone is moved to action.

Well, let's put it in context – at the time of writing more than 8,000 had signed an online petition.

I have read some of the comments and understand exactly why people are angry. What do we get for our money? Leadership? What leadership? Why should members sub the pension fund (as an MP I will shut up on this one right now).

Many have pointed out that doctors pay less while earning more. It's a good point, but each body regulates its profession in a slightly different way and the relative sizes of the professions also impact the final sum. How else can we explain the range of registration fees (which only cover regulation) from £76 for nurses to £1,000 a year for chiropractors?

But comparisons are futile and what the membership wants is the answer to a simple question: "Why so much and why now?"

In an attempt to find the answer I read the consultation document.

Sadly, dear reader, I came away none the wiser but with these questions:

- Why is implementing the Section 60 Order going to cost so much?
- What are the details of the tax changes that are to cost a million?
- What amount has been allocated for the split in function?
- What is the background to the pension fund deficit and why is it so important to plug the gap now when city trends mean many funds are coming back into balance?

None of these questions were answered and what I read was a grandiose exercise in self-justification. As a politician I have seen more consultations than I have had hot dinners. Consultations are now widely regarded as sham, but this is unfair as there are some that are good and meaningful.

A good consultation sets out the facts and provides enough

information for the reader to reach a balanced conclusion. It will point out options on the way forward rather than promoting a foregone conclusion. It treats the reader as an adult. This fails on all these counts.

Sadly, I believe there was a well-meaning desire to consult but it has been overwhelmed by the incompleteness and the patronising nature of this consultation document.

Some of us want the Society to become the new Royal College but this is not the way to prove that it has changed and is providing real leadership.

The male dominated Council appears to have forgotten that many members are women and work part-time while keeping their hand in. Since I started writing another 70 people have signed the petition. I may well join them.

Sandra Gidley, Lib Dem MP and shadow health spokesperson

Xrayser

Topical Reflections



Something to get passionate about at last

First, the good news: the whole pharmacy profession is united, passionate even, over a single issue. Then, the bad news: that issue is a 50 per cent hike in RPSGB retention fees.

An online petition (C+D, August 4, p5) complaining about the rise had over 6,000 signatories when I looked last Friday. When have 6,000 pharmacists ever agreed about anything, let alone done something about it? Pharmacists are more upset about this than they have been about anything since, well, probably the last retention fee increase.

Words like "outrageous", "unacceptable" and "ridiculous" are peppered throughout this petition, which should be read by all at the Society. The prevailing message seems to be that the Society wasn't worth it at the old rate.

The consensus is that all the Society ever does is send out a magazine and threaten to strike us off for the smallest indiscretion. If that's all our professional body can do it's a good job we don't have too many enemies.

The Society must be able to justify this decision with something better than, "sorry, it's out of our control". I don't know who's to blame for that hole in the Lambeth pension fund but it certainly isn't the members, and other professional bodies negotiate with the DH rather than simply doing what they're told.

And things can only get worse. Those who want to continue to earn a living have no choice but to stump up, and fees are bound to rise again when the Society becomes two separate bodies. Numbers choosing to sign up for any group that they don't have to are likely to be minimal. Apathy will get worse as those who say it's not worth voting for Council members are proved right and it simply becomes so much easier to be an employee.

I'm glad that the new chief executive relishes a challenge because he faces an uphill struggle from day one. The membership resent virtually everything that the Society represents, from CPD to professional regulation. It is a brave move holding an open day at Lambeth next month; if this bad feeling continues, HQ could be stormed by its members and put under siege until it relents.

If only those 6,000 who signed the petition could continue the momentum. If that proportion of the workforce were to consider withdrawing certain services or withholding retention fees en masse our voice would undoubtedly be heard at the highest level.

A more likely course of action is that a few locums and part-timers leave the Register while the majority continue to count tablets in an even more disgruntled and apathetic manner than ever before.

New services must be paid for

More nationally funded advanced services (C+D, August 4, p6) are a great idea in theory, but will be a waste of time unless they come with new funding.

I'm struggling to carry out a reasonable number of MURs while carrying on my normal business as it is. I'm at the limit of what I can

achieve without more support. Unless there is some way to free myself from the constraints of dispensing, I will be unable to deliver more advanced services.

If these services are not successful it won't be because I didn't try my best, rather there weren't enough hours in the day.

CD

H Hospital Report

Shhh, don't mention the other fees

The press release from the RPSGB Council last week was slightly puzzling. It only detailed the 50 per cent rise in fees for practising pharmacists and the rises for all other fees.

Curiously, it did not announce the abandonment of additional fees for supplementary and independent prescribers; a possible point in its favour – "We listen to our members when they are outraged". Was it deliberately trying to outrage members once again so that it could shift the blame for the rise on government? Time will no doubt tell.

What about the reasons given for the rise, though? Pump priming the creation of the GPC and the body akin to a Royal College (BARC)?

Surely that funding is not for RPSGB members to come up with?

... the real reason for the hike in fees is the attempt to close the black hole in the RPSGB pension scheme

Yes, we will have to pay the GPC for regulation, but we have a choice about joining the BARC. So, if we can decide not to join, why do we have to underwrite its foundation?

My colleagues are convinced that the real reason for the hike in fees is the attempt to close the black hole in the RPSGB pension scheme. If so, why are we being asked to rectify a problem not of our making? Surely, it is the RPSGB management that allowed the situation to arise? Would less navel-gazing and more investment in the pension scheme over the past few years not have been a better use of the money?

Then those of us whose fees are not paid by their employer might not have to save up so much!

Written by a senior hospital pharmacist



You can't guarantee customer loyalty,
but our new 'Pharmacy Only' pack
designs encourage it.



C+D Clinical

A helping hand

Prescriptions for drugs used as part of fertility treatments can be confusing. C+D reviews the most commonly used drugs to inform appropriate patient counselling

Key points

- Procedures used to assist conception include ovulation stimulation, IVF, IVF with intracytoplasmic sperm injection and use of donor eggs or sperm.
- Fertility drugs used may be anti-oestrogens, gonadotrophin-releasing agents, GnRH analogues or antagonists, bromocriptine or progesterone.

Asha Fowells

It's Thursday evening, not long before closing time, when your counter assistant asks you to speak to a patient. It's Rosie Fisher and her husband Phil, a couple in their mid-30s, both of whom you know work long hours.

You remember they came to you a while ago, saying they had been trying for a baby for a number of months without success. With this in mind, you invite them into the consultation room. Both look a little anxious.

"I'm sorry to bother you again," says Rosie, "but we've had some fertility tests done and found out I'm not ovulating properly. The hospital has given me some tablets but I've read the leaflet and I'm a bit worried about the side effects. The staff seemed so busy I didn't want to bother them, but I'd really like to know if you think I should take them."

She hands you a packet of clomifene tablets, as Phil adds: "Will they work? Or are we on the way to IVF? Anything you can tell us will really help – forewarned is forearmed and all that..."

Assisted conception procedures

• **Ovulation stimulation** Women who are not ovulating regularly, particularly those with polycystic ovarian syndrome (PCOS), are likely to be offered an anti-oestrogen such as clomifene or tamoxifen. Both work by blocking oestrogen receptors in the hypothalamus, resulting in increased levels of luteinising hormone (LH) and follicle stimulating hormone (FSH), the hormones responsible for egg development and ovulation.

• **Intra-uterine insemination (IUI)** As the name suggests, this procedure involves directly

Reflect

What do you know about the drugs used to treat infertility? How do they work? Would you be able to give advice on side effects and interactions?

Plan

This article describes approaches to assisted conception, focusing on drug treatments and helping you to give advice to couples asking about such treatments.



This article can help in the following CPD competencies: G1a, C1f, C2a, C2b, C2e, C2f. See www.tinyurl.com/194zu



Pharmacy Update

placing sperm inside the uterus to increase the chance of pregnancy.

Nice recommends up to six IUI cycles for:

- Women with mild to moderate endometriosis.
- Women with PCOS in whom clomifene alone has not resulted in pregnancy.

• Men with slightly abnormal sperm counts.
• Couples with unexplained fertility problems.
Such couples should undergo IUI with fallopian sperm perfusion, a procedure in which sperm is mixed with a larger volume of fluid to increase the chance of conception.

- Drugs to stimulate ovulation should only be offered with IUI for women with endometriosis.

• **In-vitro fertilisation** IVF is one of the main, and best-known, assisted conception procedures. Nice recommends up to three IVF cycles for:

- Couples where the woman is aged between 23 and 39, where one or both partners has been diagnosed with a fertility problem.
- Those who have been infertile for three or more years.

The process involves six steps, which are outlined in Table 1. The odds of becoming pregnant through IVF are the same for the first three cycles, but are dependent on the woman's age: more than a fifth of those aged 23 to 35 will conceive compared with 15 per cent of those aged 36 to 38, 10 per cent of those aged 39 and 6 per cent of those aged 40 or over. IVF also tends to be more successful for those women who have been pregnant before.

• **IVF with intracytoplasmic sperm injection** IC5I, a process involving injection of a sperm directly into an egg, is employed when a man's sperm count is very low, or the sperm are of poor quality. Although the chance of fertilisation occurring is higher than IVF, both procedures offer the same chance of a successful pregnancy.

• **Use of donor eggs or sperm** Donor eggs may be offered to a woman who does not ovulate or who has a genetic abnormality that could be passed on. Donor sperm may be used when:

- A man's sperm count is very low or of poor quality.
- The man and woman's blood types are incompatible.
- Where the man has a transmittable infection or genetic disorder.

Table 1: The IVF process

| | |
|--------|---|
| Step 1 | Switching off the woman's FSH and LH production to prevent ovulation using a gonadotrophin releasing hormone (GnRH) analogue. |
| Step 2 | Stimulating the ovaries to produce more than one egg (superovulation). |
| Step 3 | Egg and sperm collection. |
| Step 4 | Mixing the eggs and sperm in a laboratory. |
| Step 5 | Incubating the fertilised eggs for a number of days to encourage embryo development. |
| Step 6 | Inserting one or more embryos in the uterus to see if implantation occurs. |

Table 2: Anti-oestrogens for anovulatory infertility

| | Clomifene | Tamoxifen |
|---------------------------------------|---|---|
| Recommended dose | 50mg daily for five days, starting on the fifth day of menstruation. | 20mg daily for four days, starting on the second day of the menstrual cycle. Increase dose to 40mg or 80mg daily if needed. |
| Contraindications and cautions to use | Contraindications: liver problems, endometrial cancer, ovarian cysts or uterine bleeding of unknown cause. Cautions: fibroids, endometriosis. | Contraindications: history or family history of venous thrombo-embolism, concurrent treatment with CYP3A4 inducers such as rifampicin and warfarin. |
| Common side effects | Hot flushes, abdominal discomfort, rash, thinning hair. Stop treatment if visual disturbances or ovarian hyperstimulation occurs. | Hot flushes, vaginal bleeding, GI discomfort, headache, rash. |

Fertility drugs

• **Anti-oestrogens** Clomifene or tamoxifen is usually the first drug offered. Recommended doses, contraindications, cautions and side effects are given in Table 2.

If ovulation occurs, Nice advocates continuing use until the woman becomes pregnant, or for a maximum of six cycles.

Clomifene plus metformin may be offered to overweight women with PCOS who do not ovulate with clomifene alone, though metformin is not licensed for this use.

• **Gonadotrophin-releasing hormone therapy** These drugs are indicated for

anovulatory women who have not responded to clomifene or tamoxifen, and all but one (see Table 3) may be used to stimulate superovulation as part of assisted conception procedures.

They may contain:

- FSH and LH together (menotrophin).
- FSH alone (urofollitropin, follitropin alfa and follitropin beta).
- LH alone (lutropin alfa).
- Chorionic gonadotrophin (choriogonadotropin alfa and human chorionic gonadotrophin).

Some are used alone whereas others are given in combination. Nice states that all

Table 3: Gonadotrophins for anovulatory infertility and superovulation

| Drug | Injection method | | Recommended dosing for anovulatory infertility | Recommended dosing for superovulation | Common side effects* |
|-------------------------------|------------------|-----|--|---|--|
| | sc | im | | | |
| Choriogonadotrophin alfa | Yes | No | 250mcg 24 to 48 hours after follicle stimulation | 250mcg 24 to 48 hours after last dose of FSH or hMG | Site reactions, fatigue, tiredness, GI upset |
| Human chorionic gonadotrophin | Yes | Yes | 5,000 to 10,000iu following follicle stimulation | 5,000-10,000iu 30-40 hours after last FSH or hMG | Oedema, headache, fatigue, mood changes |
| Follitropin alfa (FSH) | Yes | No | 75 to 150iu daily | 150 to 225iu daily | Sensitivity reactions |
| Follitropin beta (FSH) | Yes | Yes | 50iu daily | 100 to 225iu daily | Site reactions |
| Lutropin alfa (LH) | Yes | No | 75iu daily with 75 to 150iu FSH | N/A | Site reactions, headache, sleep disturbances, GI upset |
| Menotrophin (FSH+LH) | No | Yes | 75 to 150iu daily | 150 to 225iu daily | GI upset |
| Urofollitropin (FSH) | Yes | Yes | 75 to 150iu daily | 150 to 225iu daily | Headache, constipation, abdominal distension |

*All gonadotrophins carry the risk of ovarian hyperstimulation and multiple pregnancy.



NEW

Glucosamine Capsules

2 new products
4 new pack sizes...

...unbeatable prices!



The No1 VMS brand



Great for people
to take Glucos



NEW

nd in Pharmacy!



le who prefer
mine capsules



The No1 VMS brand in Pharmacy!

| PIP Code | BR Code | Product | Prod Size | Unit Size | Prod Type | Case Size | RRP Price | Trade Price |
|-----------------------------|---------|---------------------------|-----------|-----------|-----------|-----------|-----------|-------------|
| GLUCOSAMINE CAPSULES | | | | | | | | |
| 328-0302 | VP555 | Glucosamine Sulphate | 500mg | 30 | Caps | 6 | £1.49 | £5.04 |
| 328-0096 | VP579 | Glucosamine & Chondroitin | 400/100 | 30 | Caps | 6 | £1.49 | £5.04 |
| 328-0278 | VP562 | Glucosamine Sulphate | 500mg | 90 | Caps | 6 | £3.99 | £13.62 |
| 328-0229 | VP586 | Glucosamine & Chondroitin | 400/100 | 90 | Caps | 6 | £3.99 | £13.62 |
| GLUCOSAMINE TABLETS | | | | | | | | |
| 285-5179 | VP733 | Glucosamine Sulphate | 500mg | 30 | Tabls | 6 | £1.49 | £5.04 |
| 285-5187 | VP740 | Glucosamine & Chondroitin | 400/100 | 30 | Tabls | 6 | £1.49 | £5.04 |
| 288-7081 | VP020 | Glucosamine Sulphate | 500mg | 90 | Tabls | 6 | £3.99 | £13.62 |
| 288-7099 | VP037 | Glucosamine & Chondroitin | 400/100 | 90 | Tabls | 6 | £3.99 | £13.62 |

The following wholesalers stock a complete range of Valupak products



Durham
Pharmaceuticals

AAH
Pharmaceuticals

MUNRO



J. Dougherty & Sons
Northern Ireland



Call your preferred wholesaler or order direct
from BR on 0845 230 1499

gonadotrophins work equally well, so advocates prescribing of the cheapest. The recommended doses and main side effects are given in Table 3.

Treatment response should be monitored via ultrasound to avoid ovarian hyperstimulation.

• **Bromocriptine** A dopamine agonist, bromocriptine is offered to women whose infertility is due to hyperprolactinemia. The recommended dose is 1 to 1.25mg at bedtime, then titrated at two to three-day intervals to 2.5mg two to three times a day with food. The drug is contraindicated in patients with uncontrolled hypertension, history of coronary heart disease, severe cardiovascular disease or severe psychiatric disorders. Common side effects include drowsiness, GI upset, headache and nasal congestion, and the medicine interacts with many substances including alcohol, blood pressure medications, macrolide antibiotics, antipsychotics and anti-emetics.

• **Gonadotrophin-releasing hormone (GnRH) analogues** These are used to switch off a woman's own FSH and LH, in order to make the ovaries more receptive to gonadotrophin hormone therapies and increase the chances of superovulation. The main side effects of all three GnRH analogues in common usage – buserelin, goserelin and nafarelin – are menopause-type symptoms such as hot flushes, vaginal dryness, loss of libido and headache.

Table 4 lists the recommended dosing, contraindications and cautions for each drug.

• **GnRH antagonists** Cetrorelix and ganirelix are licensed for the prevention of premature ovulation during assisted conception procedures. However, Nice states that such drugs reduce the chance of pregnancy and

Table 4: GnRH analogues for down-regulation prior to superovulation

| | Recommended dosing | Contraindications and cautions to use | Interactions |
|-----------|--|--|------------------------------------|
| Buserelin | 200 to 500mcg sc daily or 150mcg intranasally qds until down-regulation is achieved (one to three weeks) | Contraindications: undiagnosed vaginal bleeding. Caution: depression, diabetes, hypertension, patients at risk of osteoporosis | Nasal decongestants, antidiabetics |
| Goserelin | 3.6mg depot sc | Caution: metabolic bone disease | |
| Nafarelin | 200mcg to each nostril morning and evening until down-regulation is achieved | Contraindication: undiagnosed vaginal bleeding. Caution: patients at risk of osteoporosis | Nasal decongestants |

does not recommend their usage.

• **Progesterone** Women who have taken gonadotrophins as part of an assisted reproduction cycle may be given progesterone gel to increase the chance of the embryo implanting in the uterus. The recommended dose is 90mg intravaginally daily for 30 days if there is evidence of pregnancy.

What about Rosie and Phil?

You tell the Fishers that, in the light of Rosie's ovulation problems, clomifene is a sensible first step. You explain how the drug works and reinforce the dosing instructions and side effects, reminding Rosie to stop taking the drug and seek immediate medical advice if she experiences any problems with her eyesight.

In response to Phil's question about IVF, you say that women who take clomifene are at least two and a half times more likely to fall pregnant than those who do not take it. If it does not

work, then IUI is the next likely step. In response to your question, Rosie says she has been told that she does not have endometriosis, so you reassure her that she should not have to take any drugs other than clomifene during IUI.

However, you inform the Fishers that, because clomifene stimulates ovulation, there is an increased chance of a multiple pregnancy. They nod, and say that while they would be delighted to have twins, they accept that falling pregnant with triplets or more carries an increased risk of premature birth and complications.

The couple seem reassured by what you have told them, and Rosie says she is happy to take the clomifene now she understands the drug and its actions a bit better. Phil asks if there is a website you can recommend if they forget anything you have said about clomifene, so you write down the Patient UK url on your practice leaflet and say they can always phone the pharmacy with any other queries.

Filled with optimism, the Fishers buy a pregnancy testing kit twinpack and thank you for your time. They then leave, promising to let you know how they get on.

Asha Fowells is clinical and CPD editor, C+D.

Continuing Professional Development



Act

- Read last week's Update on the causes of infertility (C+D, August 4 p17 to 19). Read the patient information leaflet on Clomid (clomifene) at <http://emc.medicines.org.uk> to identify the major side effects. Think about all patient information leaflets. Do you feel there are more side effects mentioned in this leaflet compared with some others? How do you deal with a similar question to Rosie Fisher's for say, amoxicillin?
 - Read section 1.6 of the Nice reference at <http://guidance.nice.org.uk/CG11/niceguidance/pdf/English> (brief or full guidance). Also look at www.medscape.com/viewarticle/447779_7 for more information on GnRH therapy.
 - Make short notes on how clomifene works, the dosing instructions and side effects as this is what you will tell the Fishers.
 - Do you have any other patients undergoing an assisted conception programme? What drug are they taking? Do you know of any couples who now have offspring as the result of such a programme? Try to find out how they feel and if they could offer any advice for you to pass on to the Fishers.
- Read 'A Primary Care Approach to the Infertile Couple' at www.medscape.com/viewarticle/405826_10, which gives an overview of aspects of infertility that doctors consider when faced with a couple who are having difficulty in conceiving.

Evaluate

Could you now explain to a couple the factors affecting conception? Could you explain treatments to aid conception and the underlying physiology and pharmacology?

Useful weblinks

www.britishfertilitysociety.org.uk
<http://guidance.nice.org.uk/CG11>
www.patient.co.uk

For a weekly email alert on C+D's Pharmacy Update series, please register at:

www.dotpharmacy.com/newsbulletins



Clinical News

A Practical Approach...



Bethany Straker

Salma Hussain, a former pre-registration trainee at the Update Pharmacy, is now a pharmacy manager. She phones her old tutor, David Spencer.

"Sorry to bother you, David," says Salma, "but I've got a problem I'd like your advice on."

"It's no bother," replies David. "How can I help?"

"Well, I had to take a day off at short notice yesterday and I got an agency locum in. When I got back I found this note from him. It reads: 'Sorry about this. Had an instalment script for 140ml methadone mixture. Lady who collected it brought it back a couple of hours later. Said it's for her son, and when he opened it it didn't look like the usual stuff and so she brought it back. I did a check against the running totals and discovered I'd given sugar-free instead of the ordinary methadone as prescribed. So I gave

her the right stuff, and she was quite happy. Before she came back I'd already entered the supply in the CD register as normal methadone mixture. I've put the wrongly dispensed bottle back into the CD cupboard, as I was not sure what to do about it. Can I leave it to you to sort out? Thanks.'

"Problem is, David, I'm not sure what to do about it either. Should I contact the RPSGB inspector, or maybe even the police? I wouldn't want to get into trouble, when it wasn't even my mistake."

Questions

What should Salma do, and why?

Answers below



This article can help in the following CPD competencies: G1g, G1h, G5h, C3g. See www.tinyurl.com/194zu

A Practical Approach... this week's answers

pharmacy she must ensure the situation is dealt with properly. be held responsible. However, as the pharmacist responsible for the (e) As another identified pharmacist made the error, Salma would not incident log. suitable. An entry should also be made in the pharmacy's critical registers for this purpose, although records can be made anywhere CD register, but a record should be made. The NPA sells special it is a patient's return, the destruction would not be recorded in the mixture, or advise Salma to destroy it in the presence of a witness. As might then come to supervise the destruction of the sugar-free (d) The RPSGB inspector should be told what has happened. He or she records the correct supply on the correct date.

entry made for the standard methadone mixture can be left, as it CD register, with a footnote as to the circumstances. The register (c) The supply of the sugar-free methadone should be recorded in the prohibits re-use of any medicines returned from patients. re-used, as it has left the pharmacy and the RPSGB's Code of Ethics (b) The sugar-free methadone mixture cannot be returned to stock or that Salma acts correctly. The tightening of controls around CDs makes it even more important although if Salma deals with the situation properly neither will result. proceedings or even a prosecution are theoretically possible. Technically, this is a criminal offence and RPSGB disciplinary (e) Supplying the wrong medicine is a breach of the Medicines Act.

No success achieved from abstinence programmes

Programmes that exclusively encourage abstinence from sex do not prevent risky sexual behaviour, nor reduce the risk of HIV infection or pregnancy, say researchers.

University of Oxford researchers reviewed evidence from 13 trials involving over 15,000 US youths. Compared with various controls, no programme had a beneficial effect on incidence of unprotected vaginal sex, number of partners, condom use, sexual initiation, incidence of pregnancy, or incidence of sexually transmitted infection.

They also found that abstinence-only programmes did not appear to

increase primary abstinence (prevention) or secondary abstinence (decreased incidence and frequency of recent sex).

By contrast, programmes that promote the use of condoms greatly reduce the risk of acquiring HIV, especially when they target people at highest risk. A third of HIV prevention funds from the US President's Emergency Plan for Aids Relief are used for abstinence-only programmes, which also receive substantial domestic funding.

The Silver Ring Thing abstinence programme was introduced in the UK four years ago, but is not as popular as it is in the USA.

WANTED

Trained professionals sought for exclusive, rewarding relationship. Newsagents, greengrocers and petrol stations need not apply.

Solpadeine®
Dedicated to pharmacy

In brief

A new contraindication has been added to Pfizer's Vfend (voriconazole) after research showed its metabolism is adversely affected by St John's wort. A clinical study in healthy volunteers found after 15 days of treatment with St John's wort (300mg three times daily), plasma exposure following a single 400mg dose of voriconazole decreased by 40 to 60 per cent.

Cholinesterase inhibitors and memantine produce small benefits in patients with vascular dementia, but there is not enough data to support their widespread use, say researchers. Individual patient analyses are needed to identify subgroups of patients with vascular dementia who might benefit, they add. Lancet Neurol 2007.

Male osteoporosis screening benefit

It may be cost-effective to screen and treat some high-risk men for osteoporosis, say US researchers.

The issue of who would benefit most from osteoporosis management – in addition to secondary prevention in post-menopausal women – is currently being reviewed by Nice.

Researchers from Minneapolis said one-third of all hip fractures occur in men and are associated with as much illness and increased risk of death as in women but the cost-effectiveness of intervention is unclear.

A computer simulation showed that bone densitometry followed by bisphosphonate therapy where necessary modestly reduced the absolute 10-year incidence of clinical fractures by a range of 2.1 per cent for 65-year-old men without a prior fracture to 4.5 per cent among 85-year-old men with a prior fracture.

They reported it would be most cost-effective to screen and treat men aged 65 years or older with a prior clinical fracture and men aged 80 years or older



Judben and MorgueFile

Men between 65 and 85 could benefit from osteoporosis screening

(a cost per quality adjusted life year of \$50,000 or £24,500).

For more information:
JAMA 2007; 298: 680-682

In brief

A third of Britons find talking with a new partner about condoms so embarrassing it puts them off using one at all, a survey of more than 2,000 people suggests. The fpa (formerly Family Planning Association) has produced a range of guidance as part of 2007 sexual health week to help people have the confidence to be safe. www.fpa.org.uk

The Neurological Alliance has published a revised and updated guide for people with neurological conditions and their families living in England. The booklet highlights what services and support are available for people with conditions of the brain, spine and nervous system as well as answers to frequently asked questions on diagnosis, treatment and rehabilitation. www.dh.gov.uk

The MHRA has granted a licence for a liquid version of metformin hydrochloride. Rosemont's 150ml liquid metformin hydrochloride 500mg/5m (previously only available as a special) will, along with all other Rosemont medicines, be rebranded with a symbol to indicate for which therapeutic area the product is indicated.

Yeast Vite

For when you really need to wake up.

As your customers will tell you, daytime fatigue can lead to some very silly mistakes. So when they're seriously making a dog's dinner of it, open their eyes to Yeast Vite in its bright new packaging. Our dual action formula provides a boost of caffeine for instant alertness, followed by essential B vitamins to slowly help release energy from food. So they'll stay bright-eyed and bushy-tailed all day long!



Presentation: Tablets each containing 50 mg caffeine, 1.75 mg nicotinamide, 0.167 mg thiamina hydrochloride (vitamin B1) and 0.167 mg riboflavin (vitamin B2). **Indications:** Relief of fatigue and drowsiness, provision of recommended daily amount of vitamins B1, B2 and nicotinamide. **Dosage:** Adults and children over 12 years: 2 tablets every 3-4 hours as required. Do not exceed 12 tablets in any 24 hour period. Not to be given to children under 12 except on medical advice. **Contra-indications:** Known sensitivity to any of the ingredients. **Warnings and Precautions:** Avoid excessive intake of coffee or tea. **Interactions:** Ergotamine, idroclamide, mexiletine, ciprofloxacin, enoxacin, piperidine acid, fluvoxamine, phenylpropanolamine, phenytoin, clozapine, lithium, theophylline, pentobarbital, diazepam and methoxsalen. **Pregnancy and lactation:** Consult a doctor before use. **Undesirable effects:** Caffeine may cause tremor and palpitations. **Legal category:** GSL. **Marketing Authorisation Number:** 00240/0051. **Marketing Authorisation holder:** Thornton & Ross Ltd, Huddersfield HD7 5QH. **Distributor:** Thornton & Ross Ltd, Huddersfield, HD7 5QH. **Trade Price:** 24's: £8.79 for a case of 6, 50's: £14.55 for a case of 6, 100's: £21.85 for a case of 6. **Pack size:** Plastic bottle of 50 or 100 tablets, blister packs of 24 tablets. For further information contact the Marketing Authorisation Holder. Date of preparation: April 2007.

Ask Actavis for Hill's and Ranzac

Hill's Balsam cough and cold remedies and the Ranzac 75 indigestion range are now being distributed by Actavis UK.

Richard Hollies, OTC director, comments: "Hot on the heels of our acquisition of Cymex, we are excited with the potential that the distribution of these brands offers."

"We are committed to growing our OTC portfolio, which has been strengthened this year with the launches of Hydrotab for the relief of dry mouth, Pollenshield for the treatment of hayfever, Allercalm for the relief of allergy symptoms and the relaunch of Mackenzies for the relief of catarrh and head colds."

LPC Medical remains the product licence holder.

Product info:

Actavis UK
Tel: 0800 373 573



Ointment launch from Optrex

Optrex Infected Eyes eye ointment has been launched by Reckitt Benckiser for the treatment of acute bacterial conjunctivitis.

It joins Infected Eyes eye drops on shelf. The move follows the POM to P switch of chloramphenicol 1.0 per cent w/v eye ointment.

Unlike the eye drops, the ointment does not need to be stored in a fridge. It is preservative-free and many people find it easier to administer.

The BNF recommends co-dosing with ointment and drops.

Supporting the launch, the company is offering accredited training for pharmacists and their staff in the shape of a guide which includes a summary chart and

wallchart covering key eye ailments.

Point of sale materials are available including a window poster and dummy packs for consumers to take from the shelf to the pharmacy counter.

To aid effective merchandising, two shelf units are available for the Optrex range which can be joined together to form a 'super shelf' with shelf edge.

TV advertising is scheduled to begin in October.

Price: £5.29/4g

Pip code: 325-2970

Product info:

Reckitt Benckiser

Tel: 01482 326151

Products in brief

Worm alert

Threadworm treatment Ovex is behind a campaign aiming to educate parents and primary school staff about the parasite and how to break the infestation cycle. The 'Silent intruders' campaign stresses the importance of good hygiene and encourages parents to

visit the local pharmacy for help. Educational posters are being sent to more than 10,000 nurseries. Manufacturer McNeil is working with the Royal College of Nursing to develop a series of presentations to teach nurses more about treating and preventing threadworms. www.ovex.co.uk www.worminfo.co.uk McNeil Ltd
Tel: 0800 032 8258



FRESH NEW LOOK (SAME GREAT QUALITY PRODUCTS)



HEALTH PERCEPTION GLUCOSAMINE

The natural choice for maintaining the flexibility of your joints. High strength tablets, Gels & Gel Pach, Effervescent & Liquid formulations. Look out for our brand new packaging available from September 2007

www.health-perception.co.uk

Pharmacists helping pharmacists

Services for members, supported by the RPSGB Benevolent Fund

Listening Friends Scheme

Worried about aspects of your life? your levels of stress or anxiety? Need to talk to a fellow pharmacist trained in listening skills? Then call 020 7572 2442, leave a first name and telephone number and a Listening Friend will call you, usually the same evening or within 24hours.

Pharmacists Health Support Programme

concerned about your relationship with alcohol or drugs? Or worried about a colleague? Call 01327 264531 and speak or leave a message for confidential information and support.

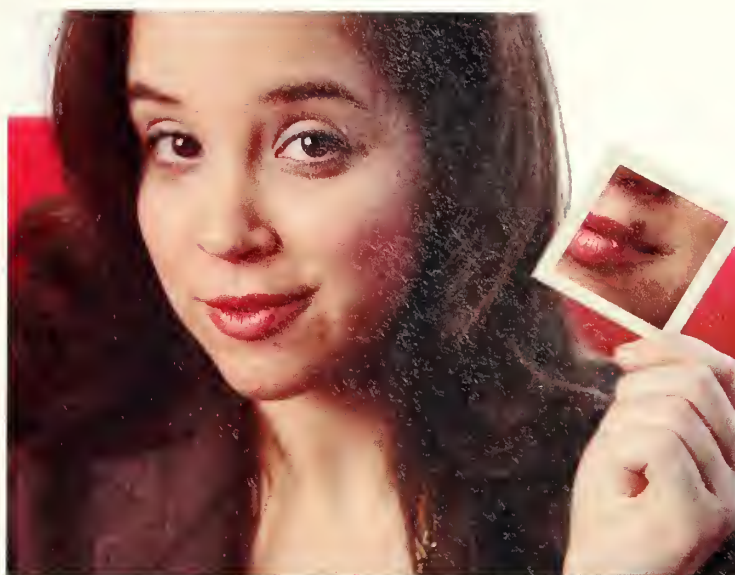
For other enquiries
email: Benevolent.Fund@rpsgb.org
tel: 01323 890135

Fast thinking Zovirax in TV re-run

Zovirax Cold Sore Cream is back on national television for the second time this year in a re-run of the Think Fast Think Zovirax ad, first screened last year.

Running until early October with week-on-week-off coverage, the campaign equates to a spend of £1.18 million.

A woman is seen using a photo mount in a 'now you see it, now you don't' gesture to demonstrate her own cold sore disappearing fast. A demonstration featuring a spinning clock explains how nothing fights cold sores faster, says GSK.



Product info:

GlaxoSmithKline Consumer Healthcare, tel: 0845 762 6637

Flexitol, your flexible friend

The Flexitol brand of skin and footcare products is appearing on satellite television this month in a £120,000 campaign.

The activity is timed to coincide with the unveiling of new packaging, colour co-ordinating the range so that footcare products are red and skincare yellow.

The heel balm was launched as a niche product for diabetics but has drawn a larger audience of active people including sports players, walkers and lovers of sandals who develop hard, rough skin as a result of moisture loss, reports M&A Pharmachem.



Product info:

M&A Pharmachem
Tel: 01942 816184

More than just a moisturiser

Skin MD Natural has been launched in the UK.

The shielding lotion claims to be more effective for dry skin than moisturising lotions or protective creams.

It keeps moisture-robbing irritants away from the skin while providing moisturisation, says Abbliss. It boasts a moisturising factor at least six times greater than glycerin, the standard humectant against which others are assessed.

Extracts of aloe vera, arnica, comfrey, chamomile and yarrow are included in the formulation.

The hypoallergenic, non-comedogenic lotion is free from fragrances, colourants and parabens.



Price: £14.99/120ml

Pip code: 320-2108

Product info:

Abbliss Ltd
Tel: 0800 389 4710
www.smdn.co.uk

UK pharmacy launch for Tubilux

Tubilux infected eye eye drops (0.5 per cent w/v chloramphenicol) are newly available from M&A Pharmachem. Suitable for treating acute bacterial conjunctivitis in adults and children from the age of two years, the P-licensed antibiotic drops should be stored in the refrigerator.



Deep Freeze on the web

A Deep Freeze website has been launched by Mentholatum. Black and white images from the ads are used together with the TV and press strapline "Play hard – you can always get patched up." Visitors can request a sample of the WellPatch Deep Freeze Cold Patch. To date, more than 50,000 requests have been received.

Product info:

PowerMed Healthcare
Tel: 0845 2220555
www.deepfreeze.co.uk

Price £4.25/10ml

Pip code: 318-9891

Product info:

M&A Pharmachem
Tel: 01942 816184



Products advertised on TV next week

clearblue

Bio-Oil: All areas, except GMTV

Clearblue: All areas

Cuticura: All areas, except GMTV

Deep Freeze Patch: All areas, except GMTV, C4, Five

DulcoEase: GMTV, Sat, Five

Flexitol Heel Balm/Skincare range: Sat

Frontline: GMTV, Sat, Five

Gaviscon Double Action: All areas

Hedrin: U,B,G,Y,A, Five, GMTV, Sat

Jungle Formula: GMTV

Just For Men: All areas

Magicool: All areas, except Sat

Odoreaters: All areas

Seabond: All areas

Vagisil: All areas

PharmaSite for next week: Full Marks – windows, Full Marks – in-store,

Full Marks – dispensary

Pharmacy channel: Piriton, Clearly Herbal Natural Baby Wipes

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

From Clapham contractor to chairman of the board. Dilip Joshi is settling into his new role at the National Pharmacy Association, as **Max Gosney** discovers

View from the



For Dilip Joshi the NPA was once a friendly voice on the end of a phone, helping him with daily business dilemmas at his London pharmacy. Fast forward to August 2007 and Mr Joshi finds himself in the chairman's seat at the trade association for community pharmacy owners. "It's a terrific organisation and for someone like me, with one pharmacy, to be chairman shows how accessible it is," he says.

Mr Joshi, who runs the Boss Pharmacy in Clapham, has been a community pharmacist since 1982. He has been on the NPA board since 2004 and is also vice-chairman of PSNC. "Hopefully I bring a grass-roots approach to the job," he explains. "I'm a very proactive person and have been involved in setting up sexual health services in my time at Lambeth, Southwark & Lewisham LPC. There's lots of ground-breaking stuff I've done locally."

The NPA chairman found his vigour quickly put to the test. On being appointed to the job, his first task was to find a replacement for outgoing chief executive John D'Arcy. "It's been an interesting and challenging time to become chairman, not least because of John D'Arcy leaving," he says.

The former CEO left a rich legacy from his 10-year tenure, Mr Joshi reflects. "He loved the job and made the organisation considerably stronger. John D'Arcy has been a tremendous advocate for community pharmacy for a number of years." However, the split was entirely amicable, Mr Joshi stresses. "There was no negative reason to do with the NPA. John just wanted a fresh challenge."

The challenge for Mr Joshi was to find a replacement with the business acumen to maximise the NPA's commercial offering to pharmacists. He says: "We wanted a strong CEO with business



So advanced, it's easy.

- No. 1 selling brand in Pregnancy testing
- National PR & TV Campaign
- Over 99% accurate

**The truth, the digital truth,
and nothing but the truth.**



www.Clearblue.info

For further details,
please call 0800 267448

top

“ Hopefully I bring
a grass-roots
approach to the job ”



Dilip Joshi CV

Chronology

1982 – Mr Joshi qualifies from Leicester University and spends his pre registration year working in a community pharmacy in East London.

1984 – He opens his first pharmacy before adding two others.

2004 – Joins the NPA board representing Surrey and West Sussex.

May 2007 – Is appointed NPA chairman.

Notable others

- Mr Joshi has been a member of Lambeth, Southwark & Lewisham LPC for many years.
- He runs the Boss Pharmacy in Clapham and attracted a visit from US filmmaker Michael Moore earlier this year. The man behind Fahrenheit 911 came to the pharmacy as part of research for a new movie he's producing on big pharma and the US healthcare system, 'Sicko'.

Away from the day job

"I'm a keen golfer and try and get a round in once a week. I've got two young children aged nine and 12 and we live in Cheam."

skills. Somebody who had strong strategic skills." But the successful applicant did not necessarily need to be a pharmacist, the NPA chairman explains. "We had to look for the best type of person for the job. Rather than employ a pharmacist with some business skills, I wanted to get the applicant with the business skills for the job."

Enter Alison White. Senior roles at the Royal Mail and Business Link, a firm giving financial advice to small traders, made her an irresistible choice for the CEO position, says Mr Joshi. "Alison has lots of people skills and great experience of management and organisation." The only notable absence was an insight into the world of pharmacy. However, it is something the new CEO and chairman have quickly addressed, Mr Joshi says. "When you go out and speak with people you've got to empathise with their concerns. It's a learning curve, but there are lots of things we're doing to bring Alison up to speed. Part of her induction process was a history of the NPA."

Chairman and CEO will now work together on the next chapter of the organisation. "It's a key relationship between the chairman and CEO. I recognise my role is very much a non-executive one. The NPA is a strong organisation but it doesn't mean we should be complacent. I want to improve the commercial focus of the organisation," he says. Ms White will be charged with following on from recent NPA offerings like Rxchange, a kind of eBay for pharmacists, that allows contractors to sell unwanted stock to other community pharmacies or hospitals.

Training support is also set to expand in 2007-08, Mr Joshi adds. "There will be lots around training, particularly medicines use reviews and helping members with enhanced services." NPA members can expect to see a raft of support targeted at their day to day needs, the chairman reveals. "There's an opportunity with a new CEO to listen to members views. It would be good to look back in a year's time and see the organisation heading in that direction."



Now for Acute Bacterial Conjunctivitis Take the Tube



INFECTED EYES EYE OINTMENT
Indication: Treatment of acute bacterial conjunctivitis. Dosage: Adults, children aged 2 years and over and the elderly. The recommended dose is a small amount of ointment to be applied to the affected eye(s). If the ointment is being used, apply every 6 hours for the first 48 hours, then 4 times a day. The course of treatment is 5 days. If the drops are being used during the day and the ointment at night, apply ointment at night, before going to bed. The course of treatment is 5 days. The pharmacist will advise on the most suitable treatment. Treatment should continue for 5 days even if symptoms improve.
Warnings and Precautions: Chloramphenicol eye ointment must not be administered to Patients who have a history of hypersensitivity to chloramphenicol or to any other ingredient of the ointment. Patients who have experienced myelosuppression during previous exposure to chloramphenicol. Patients with a family history of blood dyscrasias. If symptoms do not improve within 48 hours talk to your doctor. Seek further immediate medical advice at any time if symptoms worsen. Do not use if you are allergic to chloramphenicol or any of the ingredients. Discard any remaining eye ointment after the five day course of treatment. Undesirable effects: Transient stinging and burning may occur. Hypersensitivity reactions and bone marrow problems. Legal Classification: P. Licence Holder: Optrex Limited, Nottingham NG2 1AA. Licence Number: PL 00962/005. Price: £5.29. Date of preparation: May 2006.
INFECTED EYES EYE DROPS
Indication: Treatment of acute bacterial conjunctivitis. Dosage: Adults, children aged 2 years and over and the elderly. One drop instilled into the infected eye every 2 hours for the first 48 hours and 4 hourly thereafter. To be used during waking hours only. The course of treatment is 5 days. If symptoms do not improve within 48 hours talk to your doctor. Seek further immediate medical advice at any time if symptoms worsen. Do not use if you are allergic to chloramphenicol or any of the ingredients. Discard any remaining eye drops after the five day course of treatment. Undesirable effects: Transient stinging and burning may occur. Hypersensitivity reactions and bone marrow problems. Legal Classification: P. Licence Holder: Optrex Limited, Nottingham NG2 1AA. Licence Number: PL 00962/005. Price: £4.79. Date of preparation: June 2006.
FOR INFORMATION ABOUT ADVERSE EVENT REPORTING, CAN BE FOUND AT: www.medicines.gov.uk

Go clubbing

Start your own club and keep your customers coming back for more. **Tracy West** looks at more ways in which pharmacy could follow Tesco's lead



Everyone likes to feel they belong and being a member of a club fulfils that need. Tesco Clubcard has been a great success but the supermarket giant has built on this with a number of more specific clubs, designed to help it engage more closely with its customers. And there's no reason why pharmacies can't follow Tesco's lead, albeit on a smaller scale.

Gavin Rowell, senior business analyst at the Institute of Grocery Distribution (IGD), explains why Tesco launched its clubs: "Tesco has very broad appeal. While this provides a very wide target audience, there is a danger with this that consumers do not feel the natural loyalty to and affinity with Tesco that they would with smaller, more targeted retailers."

"One way in which Tesco strives to achieve this is through the development of dedicated clubs that target groups of customers with specific interests such as its Baby & Toddler Club, the Wine Club, Healthy Living Club and Food Club. Clubcard is used to promote them, with customers able to join simply by using their existing Clubcard."

Customer loyalty is the holy grail of retailing today; keep the customer happy and they'll keep on coming back. Time and again young adults fleeing the nest follow their parents' example so if mum and dad shopped in Tesco so will they. Catching them young is important and you can't catch them younger than at the baby and toddler stage. Of course a baby is not going to be aware that he or she is wearing a Tesco sleepsuit or eating a Tesco rusk but small children quickly grow up with their own money to spend and where better to spend it than in the supermarket when you're with your mum?

In years gone by it would have been the local pharmacist or even Boots where mums turned to get advice on baby care but

such is the power of Tesco that it says it offers expert advice and thousands of mums believe it.

The marketing blurb for the Tesco baby club says: "Are you pregnant or already a proud parent? Join Tesco Baby & Toddler Club today for expert childcare advice and extra Clubcard points and offers."

It also boasts being the only UK club of its kind to track children from pregnancy through to the age of three. The club then promises to send proud mums a regular tailor-made magazine "full of really useful tips and advice on anything from being pregnant for the first time to dealing with toddler tantrums".

Other club benefits include the opportunity to earn up to 10,000 extra Clubcard points over the lifetime of the membership; the chance to enter giveaways and competitions; and perhaps the most important perk of all, a permit to park nearer the store.

Meanwhile, for consumers who are fanatical about good food, the Tesco Food Club promises "inspirational ideas that will take your cooking to new heights".

Once again members receive a free magazine, this time with recipes and handy hints. There's also advice on how to use ingredients in new ways. And again members receive exclusive offers and the chance to enter giveaways.

Then there's the wine club which is pitched at all wine lovers, experienced or otherwise. Tesco claims its team of wine experts has more than 200 years' experience between them in sourcing, blending and buying wine from around the world. And they will assist members in choosing the right wine for the right occasion. In essence, the Tesco Wine Club is all about encouraging members to spend more by buying wines by the case. They get their very own online magazine. The main feature for April was entitled California: The American Dream. This included details of

“ Customer loyalty is the holy grail of retailing today ”



Illustration David Farram

the Robert Mondavi Private Selection mixed case. Members buying a case of six got it for £40 (reduced from £60) plus they received 40 Clubcard points. Tasting notes are included so anyone can turn themselves into an instant wine buff.

Members get free delivery on all wine purchases of more than £99; internet exclusive deals and internet-only cases.

Meanwhile, consumers signing up to the Tesco Healthy Living Club receive a free '40 Steps to a Healthier Life!' booklet. After that they receive regular, tailor-made health packs with tips on diet, exercise and complementary health plus coupons for money off dairy items and fruit and veg together with specialist ranges such as Free From and Tesco Organic.

Joining the clubs is free but Tesco likes some information in return and all the clubs are tied into Tesco's biggest club of all – the Clubcard. To join the healthy living club, for example, Tesco asks for your name, address, sex, number of people in your household plus ages, dietary needs such as whether you are diabetic or vegetarian plus it asks you to choose from one of the following four statements:

- I prefer natural and eco-friendly products such as organic.
- I want my family to have a healthy diet and lifestyle.
- I often eat low-fat foods to keep an eye on my weight.
- I try to be healthy and ensure I have a balanced diet.

In return, members receive seasonal health-packs "bursting with practical advice about keeping fit and healthy". So there is information on exercise plans, healthy recipes and the latest

“ Clubs that a pharmacy could consider include mother and baby; senior citizens; weight loss; diabetics; and smoking cessation ”

complementary health products.

Corinne Millar, UK retail analyst at Planet Retail, comments: "These clubs are another effective marketing tool that draws people in. It's a form of soft marketing that delivers extra information to key segments of the market. It's all about making people feel special and making them feel that they belong. Pharmacists could try offering a club, say for elderly people, giving tailored services specifically for them."

Mr Rothwell concludes: "The key lesson for pharmacists here would be to consider how they can segment their customer base into different groups that will share common

interests, and then develop specific, inclusive marketing activity to foster greater consumer loyalty and affiliation."

Clubs that a pharmacy could consider include mother and baby; senior citizens; weight loss; diabetics; and smoking cessation. The actual club need not be complicated, it could comprise a simple newsletter, printed off a PC, with information about new products and services.

Pharmacists could even ask reps for samples to give away to customers. Or suppliers could be asked to help fund a promotion. Tesco does this all the time with its suppliers and most have budgets for this purpose.

You have to remember that time spent putting together a club could pay dividends in creating goodwill and best of all, customer loyalty.

Tracy West is a freelance writer, who has written for the grocery trade press for 22 years

1

BELIEVE IT CAN BE DONE

Have faith in yourself and start with one MUR.



2

Engage all staff members

All staff members and locums should be involved in the programme. Set up a standard operating procedure and explain the importance of MURs. Tell them that the target is achievable – two a day, 10 a week and 40 a month means 400 MURs in 10 months.

3

CREATE A SIMPLE ADVERTISING CAMPAIGN

Keep the language easy to understand for lay people. For example, use phrases such as "free MOT of your medication and advice". Have some advice printed in languages spoken by your ethnic minority patients and especially for the elderly. Get staff talking about and promoting the service.



How to work

The new contract may be proving taxing for some, but community pharmacist **Mukesh Lad** has 10 top tips on getting the most out of a nagging task

Community pharmacy is embracing a more service-led profession – therefore medicines use reviews will be the foundation on which further services will be commissioned. We need to actively engage with them whether we like it or not. They provide an opportunity to prove to both the public and the government the added value the profession can bring to primary care, as well as its supply function. It is the first test of the profession's ability to provide a clinical role and we must engage and prove our competence.

Yes there is a financial benefit – £10,000 has been bandied around – but one must remember it is our money to begin with and if we do not claim it we simply lose it.

Many pharmacists are struggling to keep up with the new contract in England and Wales, particularly the independent sector, and performing MURs seems like a futile endeavour. But there is a solution. Many colleagues need guidance and help to achieve these expectations so, with a little research on best practice and a few tips, here are 10 commandments to help you make MURs work for you.

4

Engage your local GP practice

Go and talk to your local GPs for 15 minutes about MURs. This will help dispel any misconceptions they have about you intruding on their patch. Devise ways to work together. A good example is to do an MUR on patients who have not had their GP medicines review done for a long time by looking at their repeat prescriptions. These patients can be encouraged to see their GP once you have completed your MUR. This will help GPs hit quality and outcomes framework (QOF) targets by allowing them to carry out their level two to three medicines review on that patient.

5

CREATE 'QUICK FILL' MUR FORMS

Produce a shorter version of the MUR form for yourself and get staff to fill in some of the boxes so it speeds up the process.



make MURs for you

6

Do as many 'ad hoc' MURs as possible to increase your count

Select patients with only three or four repeat items when dispensing a repeat prescription, but remember not to carry out all 400 MURs in this way.



7

PLAN AND DESIGN AN APPOINTMENT SYSTEM

Organise a timetable for patients, as GPs' and dentists' receptionists do, and get a responsible member of staff to control the whole process.



8

STAFF INCENTIVES

Create an incentive scheme for your staff to help you achieve your targets. Many multiples have already started doing this, so there's no need to reinvent the wheel – do a similar one that works!



9

Add value

Make the most of your patients' time by doing a free blood pressure or weight check and advertise the fact.



10

WHEN DOING MURS LOOK FOR FURTHER OPPORTUNITIES

For example, promote your smoking cessation clinics or weight management programmes or even your collection/delivery service.

The ideas presented here are not comprehensive and there are many more. However, with the possibility of a further increase in MUR allocation, we need to make MURs work for us – both financially and for the profession as a whole.

The value achieved by a successful MUR campaign will improve the credibility of the pharmacist, not only to their patients but also to GPs and local PCTs. For more information and training on MURs see www.dotpharmacy.com/skills.html

TIMELESS

OTC
DIRECT
Your 1st choice for Generics and P.I's

For quick and easy purchasing of Generics and P.I.'s CALL 0800 169 2305



0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:

Chris Docwra
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8123

F: 0207 921 8130

www.dotpharmacy.com
c&dsales@cmpi.biz

Dispenser

**DISPENSER REQUIRED**

Manimoss Ltd is a growing independent sector community pharmacy group with 16 branches in the South of England.

Dispenser**Godalming Pharmacy, Surrey**

35hrs per week:

9am - 4pm Mon & Fri

9am - 5pm Tues & Thurs

9am - 7pm Weds

Alternate Saturdays.

Experience essential.

Contact: Kathryn at hadmin@manichem.co.uk
or 0118 9338 051.

Please view our website at www.manimoss.co.uk for details of
locations and to download an application form

Pharmacy Technician

PHARMACY CHECKING TECHNICIAN

Required for specialist international medical supplier in East London. We are looking for a talented individual interested in developing a business orientated career to join our expanding team. Applicants must be ambitious, motivated, with good communication skills and a willingness to learn, adapt and multi-task.

Very competitive salary and prospects for the right candidate

Please e-mail CV with covering letter to:
sales@le-west.co.uk

Or post to: L.E. West Ltd, The IO Centre, 59-71 River Road, Barking, London IG11 0DR

DISPENSER REQUIRED

Rayleigh - Essex
SS6 7JF

Qualified to NVQ2 or NVQ3

A busy pharmacy attached to a 10 doctor practice is looking for a highly motivated individual.

You will be involved in a wide range of duties in the day-to-day operation of the pharmacy.

Applicants must be ambitious, motivated, with good communication skills and a willingness to learn, adapt, multi-task and be a team player.

Please e-mail CV with covering letter to:
audleymills@btconnect.com

or post to: AUDLEY MILLS PHARMACY
55 Eastwood Road, Rayleigh, Essex, SS6 5JF

Export Executive

**PHARMACEUTICAL EXPORT DEPARTMENT**

Requires export executive or trainee to shortly replace existing person, who will be retiring. Training will be given, where necessary.

General pharmaceutical and computer experience essential for this interesting and challenging position. Salary according to experience.

Contact: Philip Chapper and Co Ltd, Unit 1, Orbital 25 Business Park,
Tollpits Lane, Watford, WD18 9DA

Tel: 01923 235179 Fax: 01923 242 278
Email: philip@philipchapper.com

Locum Agencies

NATIONAL LOCUMS

**LOCUMS AND MANAGERS WORKING YOUR DAYS OFF

**EARN UP TO £25 PER HOUR + TRAVEL TIME

**EMERGENCY/ SAME DAY BOOKING

**NATIONWIDE LOCATIONS

TEL: 07770 628791

FAX: 01268 781623

Email: Natlocum@aol.com

**FULL TIME DISPENSER
REQUIRED**

Croydon

Join our friendly dispensary team.

Call Nilesh on 07988 588598

Locum Agency

PHARMALOCUM

PHARMACISTS AND TECHNICIANS REQUIRED THROUGHOUT THE
UK
REGISTER NOW!!

SPECIAL INTRODUCTORY OFFER FOR PHARMACIES

PLACE YOUR BOOKING NOW AND RECEIVE 3 FREE BOOKINGS OR
RECEIVE UP TO 50% OFF BOOKING FEE for long term bookings

Terms & conditions apply
CALL NOW!! 0116 278 6644/ 07832 210047

www.pharmalocum.net

NATIONWIDE LOCUMS

CALLING ALL LOCUMS AND MANAGERS

NATIONWIDE

NL

LOCUMS

- MANAGERS !!! Have You Considered
- Working Your Days Off & Holidays?
- Earn Up To £25/Hour
- EMERGENCY RATES Of Up To £30/Hour
- Locums Required Nationwide

REGISTER FREE ON: 0121-525-5348

Or ONLINE AT: www.nationwidelocums.co.uk

For out of hour's contacts call 08452578245

Managers



A company of the PHOENIX group

PHOENIX Healthcare
Distribution Ltd

SALES MANAGERS

– South, M4 & M5 Corridors

PHARMACY – DISPENSING DOCTORS – HOSPITALS

Competitive Salary + Benefits + Company Car

PHOENIX Healthcare Distribution Ltd is a leading pharmaceutical wholesaler delivering an unrivalled service to Pharmacies, Dispensing Doctors and Hospitals.

Due to our continued growth, PHOENIX is looking for experienced sales personnel to strengthen its existing sales team for the challenges ahead in the changing wholesale market.

With three dedicated sales teams covering pharmacy, dispensing doctors and hospitals, various sales roles are available for the right candidate within each sector.

If you would like to further develop your pharmaceutical sales career we would like to hear from you.

Please forward your C.V., detailing your achievements to date, and how you would like to develop your future career to:

Mrs. Debbie Blackwell
Deputy HR Manager
PHOENIX Healthcare Distribution Ltd.
Rivington Road
Preston Brook
Runcorn
Cheshire
WA7 3DJ

If you are currently employed within the pharmaceutical wholesaler market and would like an informal chat, please phone 01928 750730 on the 9th and 10th of August.

'The success of our sales team has always been the people within it'

PLEASE NO AGENCIES

Classified

Business Wanted

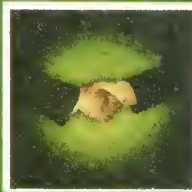
Do you ever wonder what your business is worth?

Professional business valuations
offered free of charge.

Tel: 0789 423 4873

E Mail: david@davidparkerconsulting.co.uk

Web: www.davidparkerconsulting.co.uk



If you are contemplating selling
your business, call us today for a
no-obligation discussion on how
we can get the best deal for you

David Parker Consulting Ltd

The acquisitions market is
extremely buoyant at the
moment. We have a large
register of buyers very keen to
acquire in all areas, but
particularly within M25



Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering
Gloucestershire, Herefordshire, Shropshire, Staffordshire,
Warwickshire, Worcestershire and surrounding areas.

All turnovers considered, all information treated with strictest
confidence and a high premium paid.

For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk



MANOR PHARMACY



Pharmacy Group looking to expand and acquire shops in the
North-West & North/West Yorkshire areas.

All turnovers/ size of group considered.

High Premium Paid. All information will be treated with the
strictest confidence.

Please contact Mohamed on 07958 428754 or
Talha Patel on 07841 328394



COHENS CHEMIST GROUP



Pharmacy chain looking to expand in the
North-West & West Yorkshire areas.

Best prices paid, all turnovers/size of groups considered.
please contact Colin Counce on 07966 524162 or
Yakub Patel on 07930 577799.

**To advertise email
c&dsales@cmpi.biz**

Business For Sale

HUTCHINGS PHARMACIES SALES

| | | |
|--------------------------|---------------|--------------------|
| Bedfordshire: | T/O C: | £ 2,000,000 |
| Shropshire: | T/O C: | £ 960,000 |
| Liverpool: | T/O C: | £ 920,000 |
| Dorset: | T/O C: | £ 730,000 |
| Scottish Borders: | T/O C: | £ 630,000 |
| S.Devon Coast | T/O C: | £ 580,000 |
| Kent | T/O C: | £ 520,000 |

If you are ready to **SELL** we have purchasers throughout the UK willing to pay top prices for Pharmacies.

Our priority is to obtain the best price whilst maintaining your confidentiality.

If you are thinking of **SELLING** your Pharmacy, Contact us now for a **FREE** valuation.

Please call Scott or Linda **TODAY** for further details.

01494 722224

email: info@hutchingsandco.com

www.hutchings-pharmacy-sales.com



"We are the only
NPA approved supplier
for selling your
pharmacy"



Stocktaking

Premium prices achieved every time

T: 01786 832777

F: 01786 832555

Wallace

Visit: www.wallace-valuers.co.uk

E: info@wallace-valuers.co.uk

Products & Services

**Specialists in European
Regulatory Affairs Services
for human medicinal products**



For initial consultation, call now
Mobile: 07887 623898
E-mail: mina@alliance-eras.com
www.alliance-eras.com

Call Chris on 020 7921 8123

or fax 020 7921 8130

Products & Services



Don't surrender to the
NHS paper mountain!

Go paperless with PSL pharmacy systems

For more information please call 01254 833 338
Positive Solutions Ltd, Solutions House, School Lane, Brinsford, Preston PR6 8GP



ghd professional

Mashco

GHD Styler is all you'll ever need to create perfect curls, movement, volume and straight thanks to its advanced technology and smart features.



£88
NET COST
IP: £90.26

Round barrel: to create waves, curls and flicks.
Sleep mode: turns off after 30 mins.
Universal voltage: automatically adjust to local voltage.
Unique digital technology: improved control for even better styling.
Ceramic heaters & aluminium plates: for the smoothest static-free sheen.
Includes DVD Instructions & Troubleshooting, product guide and instruction booklets

Order code **[GHDMKIV]** SSP: £120

tel: 020 8204 2224 fax: 020 8204 0224 web: www.mashco.com

Offer applies to purchases made between 1st August and 28th September 2007. Products & services available in the UK only. ESOE - Net prices are after settlement discount 2.5%. Goods subject to availability. All at standard rate.

Shopfitting

RAPEED group

...the total shop-fitting solution

RAPEED design
shopfitters



phone: **0800 9700 102**
www.rapeed.co.uk

Tax Consultants & Accountants

WE ARE HAPPY TO WORK WITH YOUR EXISTING ACCOUNTANT

Many pharmacists come to us purely for our tax consultancy services, whilst retaining their existing accountant to prepare their annual accounts etc.

This can be an ideal situation if you are happy with the accounts work your accountant does but he is not a tax expert. Instead of losing out on large tax savings let us work alongside your accountant.

Call Anne today for an informal chat about how it works.

Tel: 01494 722224

h Co.

Hutchings & Co.

**The Leading Tax Consultants
for Pharmacists.**

www.pharmacyexperts.com

Tax Consultants & Accountants

SELLING YOUR PHARMACY COULD BE A BITTER PILL TO SWALLOW



MODIPLUS CAN HELP TO:

- Maximise the sale price
- Reduce your Capital Gains Tax to 10% of the gains
- Plan to minimise Inheritance Tax liability
- Introduce you to potential buyers on our database
- And much more...

"Selling my pharmacy could have been a very stressful process. However Modiplus helped me to sell my business by maximising my tax savings. It's the best step I have taken by appointing Modiplus to act for me while selling my business."

MR M PATEL, FORMERLY OF TRIDENT
(UK) LTD, LONDON

For more information or for a **FREE** consultation please call Umesh or Jay:

LONDON: Umesh 020 7383 3200

MANCHESTER: Jay 0161 980 0770

www.modiplus.co.uk

Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS
AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES



modiplus 
ADDING VALUE

From: **Hawkeye on the web**
 Date: **Sat 11.08.07**
 Subject: **Signing up**



News of the petition
raced through pharmacy
 from the moment it was
 published with **hundreds**
of names added by the
 hour

Were evidence needed that the Royal Pharmaceutical Society's plans for a 50 per cent increase in retention fees have poured icy water on the profession's collective raw nerve then hospital pharmacist Mark Cheeseman has found it.

Mr Cheeseman, angered by the mooted rise, created an online petition on July 31 entitled 'I demand that the RPSGB reconsiders the increase in retention fees' (tinyurl.com/2q5w5w). Fellow RPSGB members have been able to add their virtual signature to Mr Cheeseman's list at GoPetition.com. And, boy, have they.

News of the petition raced through pharmacy from the moment it was published, with hundreds of names added by the hour. It was as if scores of disgruntled pharmacists were waiting, fingers poised over keyboards, ready to make their feelings known.

As this is being written, the list has attracted more than 8,000 names and is the second most active cause on GoPetition.com. (For information, it was beaten to the top spot by the 29,242 people backing the attempts of 'Jessica' to introduce a three strikes and you're out rule to Connecticut's legal system).

The signatories – and particularly their comments – show the strength of feeling on this emotive issue. And at a time when much is

spoken of pharmacists' apathy and the need to engage with the profession, it serves as a reminder that pharmacists have a strong collective voice.

What sites such as GoPetition also demonstrate is the importance of the internet as a medium to make such voices heard, no matter how niche. Evidence of this can be found in the 15,278 names supporting the somewhat bizarre claim that 'Mandatory Almond Pasteurization is WRONG!!!' (tinyurl.com/374w9t).

What is less clear is what such petitions actually achieve. Since releasing details of the rise and justification for it, the Society has clarified the fact that the decision to increase fees is in fact a proposal. Under the Pharmacists and Pharmacy Technicians Order (2007), it has a duty to consult members on registration and retention fees.

It says this will be done through the official channels and that the names at GoPetition.com will not be taken into account.

Signatories can repeat their protest through the Society's website at rpsgb.org and the deadline for responses is October 3. It will be interesting to see whether this provides the right platform for the virtual voices to be heard in Lambeth.

Should the RPSGB take note of the online petition?
 Email thawkins@cmpmedica.com



... what's new on the C+D website ...

Free email news

Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at dotpharmacy.com/newsbulletins

If you sign up during August you will be entered into a free prize draw to win £200 in **John Lewis vouchers** so log on now to be in with a chance!



Supporting C+D's free weekly email newsletter

The PharmaPlus Open



Jayesh Patel of Dumlers Pharmacy repairs his pitchmark in damp conditions at the PharmaPlus annual golf day. Mr Patel battled 55 other players at The Addington Golf Club last month to top the event's leaderboard. Other winners on the day were Pankaj Patel for the longest drive and Alan Kerr of OTC Direct for nearest the pin. Go to

dotpharmacy.com/pharmaplusopen

The most read stories in the latest C+D newsletter



- 1 100 people snared in script-fraud crackdown
- 2 RPSGB president responds to fee hike criticism
- 3 Asda tops customer experience survey
- 4 PSNC calls for four more advanced services
- 5 Sanofi-aventis whittles wholesalers down to three

dotpharmacy.com/newsbulletins

PHARMACY TRAVEL

Travel Prize • Exclusive Offer • Guaranteed Holiday Savings • HOTLINE 0845 331 6677

Win a great Legoland family break



This month's excellent Pharmacy Travel prize offers fun for all the family

Legoland has over 50 interactive rides, attractions, live shows and building workshops, not to mention around 53 million LEGO bricks. Set in 150 acres of beautiful parkland near Windsor this unique and exciting family theme park is perfect for children aged 2-12 years. Fantastic new attractions include SpellBreaker and the Secret of Scorpion Palace whilst established favourites include Adventure Land and Traffic.

The prize is a LEGOLAND family break for 2 adults and 2 children to be taken between 01 June and 20 October 2008 (subject to availability and date exclusions). It includes overnight accommodation at a 3 star LEGOLAND partner hotel, breakfast and a two day unlimited family park pass.

See special offer below

Big savings on Legoland family breaks

- Best price guarantee
- Prices from only £154 for a family of four including hotel
- Children under 3 go FREE
- Unlimited access to LEGOLAND
- Two days for the price of one

This month's excellent Pharmacy Travel prize offers fun for all the family



ABTA

affinity travel

worldchoice



For low cost travel insurance call 0845 331 6688

Terms and conditions apply to exclusive offers which are subject to availability and may be restricted to certain dates/locations. Bookings must be made through Affinity Travel Worldchoice (ABTA K8834)

TRAVELPRIZE

Entry coupon August 07CD

Closing date September 1, 2007

Q Dilip Joshi is the new chairman of the NPA

True ☐

False ☐

Send your entry to: Pharmacy Travel, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE Incomplete entries will not qualify for the prize draw/holiday discount voucher

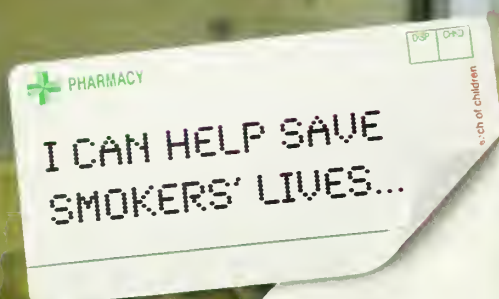
Full name

Full pharmacy name and address

Post Code

Information you supply to CMP Information Ltd and Holidaysaver may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purpose of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept PGT685, CMP Information Ltd, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357 quoting the following codes: (i) PGT685C, (ii) PGT685 T

Rules 1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either C+D or Pharmacy Today
2 Competitors may enter through C+D or Pharmacy Today, but may only submit one entry. Double entry will disqualify both entries. **3** Entries must be on an original coupon from C+D or Pharmacy Today, and to be eligible for the prize entrants must correctly answer the question on the coupon. **4** The prize offered will be as stated. No alternative holidays or cash prizes will be offered. **5** Names of winners will be published in C+D and Pharmacy Today. **6** In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into. **7** Employees of CMP Information Ltd, Affinity Travel Services and trading divisions and their immediate families are forbidden to enter. **8** No purchase is necessary to participate. **9** The closing date for this month's competition is as printed on the entry coupon.



**...And whilst they quit,
they can keep their weight under control**

5 out of 10 smokers remained quit at 4 weeks with NiQuitin co[®] 4mg Lozenge.* NiQuitin co[®] 4mg Lozenge can significantly reduce the weight gain associated with the first few months of quitting.*

**Help your customers
quit with NiQuitin**



nicotine

NiQuitin CQ 2mg/4mg Lozenge and Mint Lozenge (nicotine). See SPC for full information. For relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults: 4mg if smoke within 30 minutes of waking. 2mg if longer. Weeks 1 to 6; 1 lozenge every 1 to 2 hours (min. 9 max. 15/day), weeks 7 to 9; 1 lozenge every 2 to 4 hours, weeks 10 to 12; 1 lozenge every 4 to 8 hours. Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications/precautions:** Hypersensitivity, cardiovascular disease, urticaria, severe renal/hepatic impairment, phaeochromocytoma, hyperthyroidism, diabetes, phenylketonuria, low sodium diet. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Side effects:** Depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold. Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst,

taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest pain, throat swelling, leg oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. See SPC for full details. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. **GSL** PL 00079/0369, 0370, 0373 & 0374. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99, 72's £17.49. **Date of revision:** December 2005. **Reference:** 1. Shiffman S et al. Arch Intern Med 2002; **162:** 1267-1276.



**GlaxoSmithKline
Consumer Healthcare**